

**'Theres just something about him'. A  
Grounded Theory study of relationships in  
foster care.**

Naomi Melson

Doctorate in Clinical Psychology

University of Edinburgh

2006



CLINICAL PSYCHOLOGY

EDINBURGH UNIVERSITY and EAST OF SCOTLAND NHS TRAINING COURSE



SUBMITTED ACADEMIC WORK  
FRONT SHEET

NAME: Naomi Melson.

TITLE: 'Theres just something about him'. A Grounded Theory  
study of relationships in foster care

CASE STUDY: (1 or 2? )  
SMALL SCALE RESEARCH:  
PROFESSIONAL ISSUES ESSAY

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

Supervisor's Name: .....

Supervisor's Signature: .....

YEAR: *(please circle)	1ST	2ND	3RD		
PLACEMENT NO:	1	2	3	4	5
PLACEMENT TYPE:	Child Specialist				

\* Circle the year and placement this piece of work relates to.



## DClinPsychol Declaration of own work

*This sheet must be filled in (each box ticked to show that the condition has been met), signed and dated, and included with all assessments - work will not be marked unless this is done*

*This sheet will be removed from the assessment before marking*

**Name:** **Naomi Melson**

**Assessed work**      **CS**                      **SSR**                      **Professional Issues**                      **Thesis**  
(please circle)

**Title of work:**            **‘Theres just something about him’. A Grounded Theory study of relationships in foster care.**

*I confirm that all this work is my own except where indicated, and that I have:*

- Clearly referenced/listed all sources as appropriate ☒
- Referenced and put in inverted commas any quoted text of more than three words (from books, web, etc) ☒
- Given the sources of all pictures, data etc. that are not my own ☒
- Not made undue use of essay(s) of any other student(s) either past or present (or where used, this has been referenced appropriately) ☒
- Not sought or used the help of any external professional agencies for the work (or where used, this has been referenced appropriately) ☒
- Acknowledged in appropriate places any help that I have received from others (e.g. fellow students, technicians, statisticians, external sources) ☒

I understand that any false claim for this work will be penalised in accordance with the University regulations ☒

**Date** ..... 13/10/2006 .....

### **Please note:**

**a) If you need further guidance on plagiarism, you can:**

i/ Speak to your director of studies or supervisor

ii/ View university regulations at <http://www.aaps.ed.ac.uk/regulations/Plagiarism/Intro.htm>

**b) Referencing for all assessed work should be in the format of the BPS style guide, which is freely available from the BPS web site**



## Acknowledgements

I would first of all like to thank the foster carers who took part in this research. Their stories have held my interest through even the most difficult parts of the process, and I hope I have represented them in a fair and accurate way. I would also like to thank Dr Matthias Schwanauer and Dr Suzanne O'Rourke for their guidance and advice, and my colleagues at the CVC for their insightful comments and support. In particular I would like to thank Gillian for her time, enthusiasm and for wading through the extremely messy first drafts. Lastly I would like to thank Chris, not least for the proof-reading, but for everything else and the general 'looking after' provided over the past few months.



Abstract .....	6
1 Introduction .....	7
1.1. Looked after children .....	7
1.2 Foster care .....	8
1.3 Attachment theory .....	10
1.3.1 Defining attachment .....	10
1.3.2 Providing a secure base and a haven of safety .....	10
1.3.3 Attachment classifications.....	11
1.3.4 Internal Working Model.....	12
1.3.5 Emotion regulation and reflective function.....	12
1.3.6 Early attachment patterns and later development.....	13
1.4 Sequelae of abuse .....	15
1.4.1 Abuse and attachment .....	15
1.4.2 The paradox of abuse .....	15
1.4.3 The developmental impact of abuse.....	16
1.4.3.1 Abuse, emotional regulation & reflective function.....	16
1.4.3.2 Abuse and relationships .....	17
1.4.3.3 Separation from family of origin.....	18
1.5 Opportunities for change? Forming new relationships .....	18
1.5.1 Parenting looked after children .....	18
1.5.2 Making new attachments.....	19
1.5.3 The foster carer's attachment status .....	22
1.5.4 Can foster care impact on attachment ? .....	22
1.6 When things go wrong: Placement breakdown.....	23
1.7 What determines success? .....	24
1.7.1 Supporting foster carers .....	24

1.7.2 Relationships and placement outcome .....	25
1.8 Current Study .....	27
1.9 Research paradigm .....	27
1.9.1 Grounded Theory and Interpretative Phenomenological Analysis .....	28
1.9.2 Theoretical approach .....	28
1.10 Reflections.....	29
1.10.1 Starting point.....	29
1.10.2 Reflections on the research literature .....	30
1.11 Research question.....	30
1.12 Aims of the study .....	30
2 Method .....	31
2.1 Design.....	31
2.1.1. Participants .....	31
2.1.2. Contexts.....	31
2.1.2.1 The Centre for the Vulnerable Child.....	31
2.1.2.2 Researcher Position .....	32
2.2 Ethics .....	33
2.3 Procedure.....	33
2.3.1 Pilot interviews.....	34
2.3.1.1 Participants .....	34
2.3.1.2 Interview Process .....	34
2.3.1.3 Reflection on pilot interviews .....	34
2.3.2 Main Study .....	35
2.3.2.1 Participants .....	35
2.3.2.2 Recruitment procedure .....	35
2.3.2.3 Data collection.....	36
2.3.2.4 Interview process.....	36
2.3.2.4 Transcription .....	37
2.3.2.5 Literature review .....	37
2.3.2.6 Analytic procedures.....	38
2.4 Rigour.....	40



2.4.1 Credibility.....	41
2.5.2. Transferability .....	42
2.5.3 Dependability .....	42
3 Results .....	43
3.1 Sustaining the relationship: Theres just something about him.....	45
3.1.1. Having the right chemistry .....	46
3.1.2. Having the wrong chemistry .....	48
3.1.3. Perceiving the child as false or genuine .....	52
3.1.4. Showing affection .....	55
3.1.5. Connecting .....	56
3.1.6 Endings.....	57
3.1.7 Sustaining the relationship beyond the placement .....	58
3.1.8 Summary .....	60
3.2 Family of origin.....	62
3.2.1 The damage done .....	63
3.2.2 Threatening the developing relationship .....	65
3.2.2.1 Having a special bond & the fragility of new experiences.....	65
3.2.2.2 Being too close .....	67
3.2.2.3 Conflicting loyalties .....	68
3.2.2.4 Sibling relationships.....	69
3.2.3 Managing and negotiating relationships .....	69
3.2.3.1 Working with the family of origin .....	69
3.2.3.2 Managing contact .....	70
3.2.3.3 Showing understanding .....	70
3.2.3.4 Reparenting .....	71
3.2.3.5 Conveying acceptance .....	71
3.2.3.6 Integrating .....	72
3.2.3.7 Seeing changes .....	73
3.2.4 Summary .....	73
3.3 Investing .....	74

3.3.1. Foster carers: Investing emotionally .....	74
3.3.1.1 Giving all & Holding back .....	75
3.3.2 Foster carers: Making changes & persevering .....	77
3.3.3 Child: Perceived investment.....	78
3.3.4 Feeling important to the child .....	79
3.3.5 Rewards .....	80
3.3.6 Lacking rewards .....	81
3.3.7 Summary .....	82
3.4 Expectations: of self, role and child .....	82
3.4.1 Expectations of role.....	83
3.4.2 Reality .....	84
3.4.3 Adapting expectations .....	85
3.4.4 Summary .....	87
3.5 Researcher's position .....	87
3.5.1 Clinical work & fostering.....	87
3.5.2 Dual role .....	88
4 Inferential Results: Hypothesised Processes .....	89
4.1 Relational trauma & defences .....	89
4.2 Chemistry & projection.....	91
4.3 Emotional Investment .....	93
4.4 Summary .....	94
5 Discussion .....	95
5.1 Sustaining the Relationship.....	96
5.2 Family of origin.....	98
5.3 Investment .....	99



5.4 Expectations .....	101
5.5 Clinical implications .....	104
5.6 Methodological Limitations .....	106
5.6.1 Sample .....	106
5.6.2 Data collection and analysis .....	107
5.7 Implications for research .....	108
5.8 Researcher's position .....	109
5.9 Concluding statement .....	109
6 References .....	111
Appendix 1 .....	124
Appendix 2 .....	126
Appendix 3 .....	129
Appendix 4 .....	132
Appendix 5 .....	139
Appendix 6 .....	154
Appendix 7 .....	159
Appendix 8 .....	164

## **Abstract**

Children in foster care face a significant constellation of risk factors, not least of which is their separation from the family of origin and early experiences of abuse and neglect. Forming a positive relationship with a foster carer has the potential to confer a number of developmental advantages for the child, however factors relating to both the child's and foster carer's history can make this difficult to achieve. The relationship between the foster carer and child has been explored in relation to placement outcome and attachment theory (Sinclair et al 2005; Schofield et al 2004), however by increasing understanding of foster carers' subjective experiences of relationships with foster children, it is proposed that we can more accurately support foster carers with this part of their role. In the present study data was gathered and analysed according to the principles of Grounded Theory with aim of developing and testing hypotheses about participants' experiences of relationships with foster children. The core category, sustaining the relationship, and the three most significant principal categories are presented within this study. A strand throughout the categories relates to participants' experiences of an emotional connection with the child and hypothesised processes accounting for this are explored. The findings contribute to existing research documenting the presence of these factors within the relationship between foster carer and child. However this study highlights the complexity of the interaction between these factors and represents an initial attempt to bridge the divide between describing what constitutes a successful placement and the experience of forming relationships with a foster child. Implications and recommendations for research and practice are explored.

The data presented within this study is anonymised and pseudonyms are used throughout.



## 1 Introduction

“The current shortage of foster carers means that children in crisis are all too often placed in any free bed, rather than with the most suitable foster family. Many children are placed miles away from their friends, family and school, and separated from their brothers and sisters. If these children are going to have the same opportunities in life as other children then we need to invest in a foster care service fit for the 21st century. Foster carers must be skilled, supported and valued.”

Felicity Collier, Chief Executive of BAAF

“Children in care are children of the State, and how well we serve them is a measure of how our society treats children more generally. At present, we are letting them down very badly and consigning many to social exclusion when they grow up.”

Clare Tickell, Chief Executive of NCH

### **1.1. *Looked after children***

Foster care represents a form of provision for ‘looked after children’ i.e. children who are placed under the care of a local authority. This can be the result of a care order provided by the court or through agreement with those who have parental responsibility for the child. Being ‘looked after’ can refer to being under a supervision requirement (a care order) or being placed in foster and residential care. Of the total number of children looked after by local authorities in Scotland, 57% were looked after at home with their parents or with family or friends, 29% of children were looked after with foster carers or prospective adopters and 13% were in residential accommodation (Scottish Executive, 2005). Foster care can serve a number of different functions, including providing a temporary measure lasting until children can return home or as a planned long-term form of care.

Children who are looked after face a formidable constellation of risk factors, not least of which is the experience of separation from their parents and early adversity which often includes abuse and neglect. It is widely accepted that looked after children constitute some of the most vulnerable in society, a position which continues into adulthood. For example, individuals who were 'looked after' as children are at vastly increased risk of poorer outcomes and are 50 times more likely to end up in prison, 60 times more likely to become homeless and 66 times more likely to have children requiring public care (Jackson & Simon 2005).

## **1.2 Foster care**

Foster care is currently viewed as the option of choice for looked after children and constitutes the main form of provision for children who can no longer live at home. Research suggests that children placed in foster care experience better outcomes than children in residential or group homes as measured against indicators such as high school completion, crime rates and substance misuse (Barber et al 2001). Being in foster care is also associated with improvements in behaviour, adjustment at school and psychological adjustment (Barber & Delfabbro 2003). The relationship itself between foster carer and child is also viewed as having the potential to have a positive influence on a child's development. Iwaniec (2006) argues that the presence of a supportive relationship can buffer the impact of adversity such as emotional abuse and promote resilience and Doyle (1997) proposes that the presence of one person who provides unconditional positive regard for the child is the single most important factor in surviving emotional abuse. Positive relationships can therefore provide a means of countering maladaptive beliefs developed in abuse and increase self-esteem and self-confidence (Daniel et al, 1999). Being placed in foster care may also provide the child with the opportunity to form a secure attachment and benefit from the developmental advantages that this can have.

However, the challenges associated with fostering are ever increasing and the profile of children in foster care has changed over the past 25 years. As a group they present



with increased severity of emotional and behavioural difficulties, physical disabilities, learning disabilities and offending behaviour (Triseliotis, 2000). A number of studies draw attention to the high rates of psychological difficulty experienced by looked after children. For example, McCann et al (1996) reported that 96% of children in residential care and 57% of children in foster care suffered significant mental health problems. Similarly, in a recent study carried out within Central Scotland, Minnis et al (2006) report that 60% of children in foster care showed signs of mental health problems including emotional problems, hyperactivity, peer problems and conduct problems. Looked after children are also more likely to struggle within the education system and there exists a huge attainment gap between children who are looked after and that of their peers (Department for Education and Skills, 2005). Looked after children are also ten times more likely to be excluded from school (Social Exclusion Unit, 2003).

In recognition of the complex needs and poor outcomes of this group of children, there already exists a large body of research literature relating to looked after children in relation to a diverse number of areas of interest. As noted earlier, foster care represents an opportunity for the child to develop and form relationships that go some way to redressing the balance of risk and protective factors. However foster care is not always a positive experience for both the child and the foster carer, and our understanding of this needs further development. The relationship between the foster carer and the child is established as being key to the success of the placement and attachment theory represents one means of understanding this process (Beek & Schofield 2004; Sinclair et al 2005; Lipscombe et al 2003). This research aims to contribute to this understanding through exploring foster carers' subjective experiences of relationships with foster children.

The following sections take a developmental approach, starting with the early development of the child in terms of attachment theory, relating this to some the experiences associated with becoming 'looked after' and following this through to

the impact this may have on the relationship that develops between foster carer and child.

### **1.3 Attachment theory**

#### **1.3.1 Defining attachment**

Attachment theory represents one of the most influential theories of child development. Bowlby (1998) defines attachment theory in the following way:

‘the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression and emotional detachment, to which unwilling separation and loss give rise.

(Bowlby, 1998, p39).

Attachment theory emphasises the importance of the bond between parent and child and is based upon the premise that the infant and young child’s experience of a ‘warm, intimate and continuous relationship’ between child and caregiver, has both immediate and long-term benefits (Bowlby, 1951, p11). Bowlby’s theory of attachment includes the following propositions. Firstly that attachment has a biological basis and is regulated within the central nervous system. Secondly, that experiences during early infancy exert a significant influence on development and finally, that internal working models influence personality (please refer to section 1.3.5).

#### **1.3.2 Providing a secure base and a haven of safety**

Holmes (1993) describes attachment theory as a spatial theory. Attachment theory states that when the infant or child achieves proximity to the caregiver, the child is able to achieve a ‘relaxed state in which one can begin to get on with things, pursue ones objects, to explore’ (Holmes, 1993, p67). Ainsworth and colleagues describe the concepts of a *secure base* and a *haven of safety* (Ainsworth et al, 1978). The *secure base* refers to the child’s need to explore and the inclination to move off to

explore if the child expects the attachment figure to be available if needed. The *haven of safety* refers to the child's need for the attachment figure to provide comfort and protection. The ability of a parent to provide a *secure base* and *haven of safety* is central to the idea of a secure attachment.

### **1.3.3 Attachment classifications**

Ainsworth and colleagues (1978) developed the Strange Situation as a means of assessing how well attached an individual infant (12- 24 months) is to their caregiver. Essentially this involves observing how well the infant is able to use the caregiver as a secure base for exploration and the infant's reaction to the caregiver after a stressful experience, in particular whether the infant is able to use the caregiver as source of comfort. Based upon the behaviours displayed by infants in the Strange Situation, three main categories were identified; secure, anxious-avoidant and anxious-resistant or ambivalent. The *secure* group were able to use the mother as a *secure base* for exploration. When separated from the parent the infant shows signs of missing the parent and when reunited actively greets the parent, is able to derive comfort and return to exploration. The anxious-avoidant group explores readily but displays little secure-base behaviour and responds minimally to separation. When reunited with the parent the infant seems to actively avoid the parent, often focussing on toys instead. The anxious ambivalent/resistant group appears visibly distressed when entering the room, does not explore the room, and is unsettled and distressed during the separation. When reunited with the caregiver, the infant alternates attempts at making contact with angry rejection. Alternatively they may seem passive and too upset to make contact with the caregiver. This group is unable to find comfort in the parent. Main and Solomon (1990) described a fourth category, disorganised/disorientated attachment, describing the infants who appeared to have no coherent strategy for having their needs met. In this group the infant's behaviour seems to lack an observable goal or intention. The behaviour in the strange situation may include the following; incomplete or interrupted movement, stereotypies, freezing, and appearing frightened of the parent.



#### **1.3.4 Internal Working Model**

Early attachment experiences are thought to become internalised and to exert a lasting influence on personality development. The mechanism for this is provided by Bowlby's concept of the internal working model. The way in which a caregiver responds to an infant's need for a close emotional bond is internalised by the infant and becomes the basis of an *internal working model* (IWM) of the self, others and the world. IWMs provide a 'script' of relationships based upon a history of repeated experiences with attachment figures. This script guides the child's perceptions and expectations of present and future interactions. The IWM affects how the individual perceives and reacts to new situations and relationships, operating at a largely automatic unconscious level (Hodges 2003). There is the potential for new relationship experiences to become distorted as they are assimilated and therefore attachment models can become maladaptive if caregiving conditions change (Crittenden 1988).

#### **1.3.5 Emotion regulation and reflective function**

Emotion regulation and reflective function are thought to develop within the context of the attachment relationship and are viewed as critical to development. The early attachment relationship provides the individual with a 'mental processing system' that generates mental representations, including representations of relationships. This capacity is referred to as reflective function (Fonagy 2001). Secure caregivers promote the development of this capacity in children by sharing and communicating information about each other's psychological state (Howe 2005). The ability to recognise and regulate emotions is a related developmentally acquired process, also taking place in the context of a parent-child relationship (Maugham & Cicchetti 2002). Emotion regulation and reflective function help the individual to respond to experiences in a flexible adaptive way (Golding et al 2006).

### **1.3.6 Early attachment patterns and later development**

The attachment pattern displayed during infancy has been used to explore links between early childhood experiences and later difficulties. Secure attachment in infancy is commonly viewed as protective or as exerting a positive influence on later development, whereas insecure attachment is often described as a risk factor. For example, a classification of secure attachment in first two years of life has been linked to higher sociability with other children and adults, higher compliance with parents and more effective emotional regulation in later childhood (Ainsworth et al, 1978; Bretherton, 1985; Richters & Waters, 1991). Insecure attachment (prior to age 2) has been linked with lower sociability and poorer peer relations (Carlson & Sroufe, 1995).

However the relationship between attachment in infancy and later development is complex. Based upon data obtained from a 30-year longitudinal study Sroufe proposes a 'non-linear transactional model', emphasising a dynamic view of development, where secure infant attachment is conceptualised not as an assurance of healthy functioning but as a protective factor which interacts with innumerable factors that support or challenge a child's progress (Sroufe, 2005). Developmental outcomes are seen as being dependent on the individual's entire history of experience, current circumstances and early care. Sroufe also reports that the association between attachment in infancy and outcome strengthens when attachment style is combined with other factors. These factors include aspects of parenting described as being 'outwith the attachment domain' including guidance, limit-setting and supporting relationships outside the family home (Sroufe, 2005). However Sroufe also argues that attachment is a central feature in relation to many developmental processes such as emotional regulation, social relatedness and arousal modulation (Sroufe, 2005). This view of attachment is consistent with current models of developmental psychopathology where outcome is thought to be a result of attachment, combined with risk factors such as social adversity and ineffective parenting skills (e.g. Rutter, 1999).

Stovall & Dozier (1998) draw upon a transactional model of development in relation to the developmental outcomes of late-placed foster children, arguing that the child and environment 'co-determine a child's progress'. They propose that children bring expectations and adaptive strategies developed in response to adverse situations and continue to draw upon these when placed in substitute care. This reduces the child's ability to benefit from good-quality, responsive caregiving. The ways in which child and foster carer characteristics may co-determine outcome is explored in section 1.5.3.

Attachment is a concept that can be applied across the lifespan, although the way in which it is conceptualised and measured is different. Such measures include the Adult Attachment Interview and narrative stems. After infancy, attachment measures are based on symbolic representation, as opposed to behaviour at separation from and reunion with an attachment figure. For example, for children aged between 4 and 8 years of age, narrative stems (story stems) are used as a means of eliciting themes reflecting the child's expectations of the relationship between parent and child.

The Adult Attachment Interview (AAI) (Main & Goldwyn, 1984) is a semi-structured interview focussing on a person's 'state of mind' with respect to attachment and the coherence with which the person talks about this. The interviews are then classified as secure/autonomous, dismissive, preoccupied, unresolved/disorganised and 'cannot classify'. Adult attachment classifications have been found to relate to child's attachment style, in that classification on the AAI predicts the child's security of attachment and the exact attachment category the child shows in the strange situation (van Ijzendoorn 1995). For example, a 'dismissive' AAI classification was found to predict avoidant infant attachment, whilst interviews classified as 'preoccupied' predicted anxious-resistant infant attachment and 'unresolved' interviews predicted disorganization in infant attachment.



## **1.4 Sequelae of abuse**

### **1.4.1 Abuse and attachment**

Experiences of abuse and relational trauma have been associated with an increased likelihood of developing an insecure attachment. Children who have experienced abuse and neglect are at increased risk of manifesting anxious attachment patterns (ambivalent, avoidant and disorganised) with their primary caregiver. For example, between 5% and 13 % of children identified as having experienced abuse were classified as having a secure attachment as compared with 59% in 'adequate homes'. Among children identified as having experienced abuse, over 50% manifested disorganized attachment behaviour (Cicchetti & Carlson, 1989; Crittenden, 1988).

Children are at increased risk of developing a disorganised attachment if their parents have been physically or sexually abusive, severely neglectful, have misused alcohol or substances, suffered chronic depression, are disturbed by unresolved trauma and loss or are victims of domestic violence. Children of parents with these difficulties are unable to find a strategy to help them to feel safe or to help them to regulate emotionally hyperaroused states.

### **1.4.2 The paradox of abuse**

In 80% of cases where the primary source of abuse or risk was known, this was either one or both of the child's birth parents (Scottish Executive, 2005). Holmes (2000) terms this the 'paradox of abuse', in that the adult 'who is a caregiver can be both the attachment figure who the child turns to for protection and the source of the threat which gives rise to the need for that protection'. The adult who has hurt the child is also the adult who is needed by the child to accept and 'metabolise' the child's distress.

### 1.4.3 The developmental impact of abuse

‘...individuals traumatized by their family environment are vulnerable in terms both of the long-term maladaptive effect of their reaction to the trauma and of their reduced capacity to cope with it’

(Fonagy, 2001, p64).

Early experiences of abuse and neglect have far reaching consequences for a child’s development, impacting upon the development of self-regulation and the child’s future functioning within relationships.

#### *1.4.3.1 Abuse, emotional regulation & reflective function*

Early experiences of abuse and neglect have been linked with difficulties in developing emotional self-regulation. For example, Maughan and Cicchetti (2002) report that where a child has experienced neglect, abuse or violence, they may show under-controlled displays of emotion and high levels of dysregulated behaviour in response to small increases in arousal. Alternatively, the showing of emotion may present as over-controlled and unresponsive.

As noted earlier, reflective function develops within the context of a parent-child relationship. The parent’s failure to respond to the child as an intentional being constrains the child’s development. Growing up with abusive or neglectful parents gives the child a strong disincentive for taking perspective of others as the hostility of the parent can provide the child with an unbearable view of themselves as unlovable and unworthy. One of the ways in which the child may cope with this is by blocking or failing to process what is learnt from the mind of the parent. This may result in inconsistent and segregated IWMs of attachment relationships leading to problems in developing the ability to reflect on their own or others mental states, or difficulties in ‘mentalising’ - representing one’s own and others’ behaviour in terms of mental states. Furthermore, the child’s ability to make sense of their traumatic experiences is significantly reduced, they are unable to understand the source of their distress and therefore are less able to regulate their feelings (Howe,

2005). Fonagy (2001) notes that this 'non-mentalizing' stance can then become a feature of all intimate interpersonal relationships.

#### *1.4.3.2 Abuse and relationships*

It is proposed that if a child is routinely abused, then abuse becomes part of a 'taken for granted' understanding of the nature of relationships (Crittenden, 1995). Delaney (1998) outlines this process in basic terms drawing upon the concept of Internal Working Models (IWM). A child with good attachments and a positive IWM will have optimistic expectations of relationships. This may include the following beliefs; that the caregivers are available, responsive and will meet their needs and that the self is wanted, safe and capable. Whereas a child who has experienced abuse may have developed a pessimistic, negative IWM with beliefs similar to the following; that caregivers are unresponsive, unreliable and dangerous and that the self is worthless, unsafe and powerless.

In response to experiencing abuse and neglect within caregiving relationships, the child may develop strategies in an attempt to get their needs met. For example, where the child displays physically abusive or emotionally rejecting behaviour towards the caregiver, this may represent strategies that have been developed around de-activating attachment behaviour. Children whose parents are rejecting and physically abusive have been observed to develop compliant, affect suppressed, power-sensitive behaviour. This can result in guarded and subdued behaviour in the presence of parents and aggressive bullying behaviour in relationships with younger siblings and peers. Neglectful parenting can involve unpredictable, inconsistent behaviour on the part of the caregiver and this may make it difficult for the child to make predictions about the caregiver's behaviour and to act accordingly. However, some children may try to increase the availability of an underinvolved, unresponsive caregiver by increasing signals of distress (Crittenden 1995).



#### *1.4.3.3 Separation from family of origin*

Experiencing abuse and neglect may lead to a child being removed from the care of its parents and becoming 'looked after'. The care system has become increasingly focussed on children who enter care for reasons related to abuse and neglect, with over 90% of the children in foster care reported to have experienced abuse or neglect and 81 % reported to have experienced three or more types of abuse or neglect (Minnis et al, 2006; Schofield et al, 2000). In addition to this, children experience separation from their family of origin. In many instances this can be a recurring experience as a high proportion of children in care have already experienced repeated attempts and failures to stay at home (Packman & Hall, 1998).

### **1.5 Opportunities for change? Forming new relationships**

#### **1.5.1 Parenting looked after children**

The basic task of parenting is thought to involve the following:

'basic physical care and nurture, including management and control strategies, warmth, responsiveness and the fostering of relationships, inputs to cognitive and intellectual development and the provision of security and stability' (Lipscombe et al, 2003, p243).

Foster care represents an opportunity for children and young people, who may have had a very different experience of being parented, to experience these things.

However it is now widely accepted that providing these experiences for children in foster care is a challenging task requiring a high level of parenting skills over and above those needed for the parenting of birth children (e.g. Golding et al, 2006).

Lipscombe and colleagues list the following requirements: the need to recognise and understand the child's background; previous parenting and harmful experiences; the need to manage disturbed and challenging behaviours; the need to adjust to the child's defence mechanisms; the need to promote attachments within the foster

family and, finally to maintain links with the child's family of origin (Lipscombe et al, 2003). Hayden (1999) argues that unless foster carers have an understanding of attachment difficulties and trauma, they may find themselves using inappropriate and occasionally abusive forms of management. An example of this is the use of distancing techniques (e.g. sending the child to their room) as it may mirror early abusive experiences (Fahlberg, 1996). A further difference relates to the fact that children in foster care may be less emotionally and socially mature than peers and can have a range of complicated developmental needs. For example, Schofield and Beek (2005) point out that a foster child might need to experience the typically 'infant' experience of having a caregiver who is preoccupied with them but at the same time requires help in managing school and peer relationships.

### **1.5.2 Making new attachments**

'When their (the child's) relationships to their birth parents are permanently disrupted it is crucial for them to begin to form an attachment to a new parent. This is a necessity if they are to be able to proceed with the developmental tasks of childhood within a matrix of love and commitments that enables them to flourish and that can serve as a model for other attachments in later years.' (Hughes, 1997, p33).

Both foster carers and their foster children bring prior experiences and expectations of relationships to the relationship with each other. Attachment theory provides one way of unravelling and making sense of the processes experienced whilst forming relationships. One of the main predictions or observations from attachment theory is that children conduct interactions with the carer to elicit the form of caregiving based upon previous patterns of care (Dozier 2005). Hodges and Steele (2000) describe the child's 'developmental agenda' as one of controlling, not engaging others.

Based upon earlier experiences the child in foster care has developed strategies for managing relationships with others. These strategies may have been protective in the past but are less useful in a relationship where appropriate care is available. When children have experienced unpredictable violence or neglect, and the experience of care in the past has been associated with hurt and danger, avoidance of being cared

for may become a means of coping. From the child's perspective, close caregiving environments can be threatening and the child may have learnt that loving care cannot be trusted. Therefore when in attachment-related situations, a foster carer's attempt to care and protect the child can in fact provoke states of arousal and distress in the child (Hodges et al, 2000). In a similar way, a child may not acknowledge distress if their experiences are that caregivers do respond to them and contain their distress. Solomon and George (1999) argue that children who have been frightened infants are at risk of developing either punishing, aggressive or compulsively compliant and caregiving behaviour as a means of controlling the care they receive. For children whose parents have had significant needs of their own such as mental health problems or dependency on drugs or alcohol, taking on the 'parent' role represents a means of establishing a relationship with the caregiver. In this role the child cares for and worries about the parent (parentification). These strategies are not mutually exclusive and children have been described as switching between compliant, parentified and fearful-aggressive controlling behaviours.

Foster carers may experience the child as controlling, avoidant of being cared for, or as behaving as if the foster carer themselves are either a source of harm or unable to provide care and protection (Hodges et al, 2000). Being related to in this way is thought to evoke strong negative feelings in foster carers, therefore increasing the risk of fulfilling the child's expectations of how relationships function. Delaney (1998) outlines the cyclical nature of this relationship. Foster carers are led to feel that their parenting is ineffective, leading to a doubting of own abilities and loss in confidence. In this way carers can find themselves coerced into transactions that meet child's expectations of carers, therefore confirming the child's IWM (e.g. Hughes, 1997). For example, a child who displays insecure ambivalent/resistant attachment behaviour can elicit feelings of incompetence in the foster carer, as they are unable to soothe child. A child who displays insecure avoidant attachment behaviour may evoke feelings of rejection in foster carers, as the child appears to avoid seeking and to actively resist help and care (Crittenden, 1995). Golding (2003) draws attention to a similar cycle of interaction whereby foster carers find



themselves feeling overwhelmed by the child's neediness and begin to withdraw, the child then senses this withdrawal and increases or resumes difficult and needy behaviour in an attempt to meet their attachment needs.

Over time, insecure attachments may develop between foster carer and child. Diary studies suggest that foster carers may fail to respond sensitively to a child as the child's underlying needs are disguised by displays of avoidant or resistant attachment behaviour (Dozier, 2005). For example, the foster carer may turn away in response to avoidant patterns of relating or show anger if child displays resistant behaviour. For the child, these experiences maintain and perpetuate their expectations of carers as unavailable and rejecting. Golding et al (2006) also suggest that children and young people with a history of moves in care are likely to have experienced a range of insecure attachment relationships with past carers, and may show a combination of avoidant and ambivalent styles when relating to others.

These issues do not resolve as the child gets older. For example, Downes (1992) reported on the progress of 23 adolescents placed in foster care and concluded that many had developed difficult ways of relating to others and in particular, behaved in a way described as 'alienating' and as destructive to self and others. This effectively prevents the development of close relationships from which they could benefit and, as adolescents, develop confidence in the availability and reliability of care provided by their foster carers and, on this basis, be better able to leave care and function in the wider world (Golding et al, 2006).

However, it is also important to pay attention to foster carer's state of mind regarding attachment as this may interact with the child's attachment style and impact upon the developing relationship and the child's attachment status. Golding and Picken (2004) observed that a proportion of the foster carers attending a training programme had experienced abuse and neglect in childhood and had experiences of being in

care. As noted earlier, adults with experiences of trauma are at increased risk of being classified as unresolved on the adult attachment interview.

### **1.5.3 The foster carer's attachment status**

Research suggests that unresolved themes within a carer's own attachment history can impact upon the quality of relationships formed with children with attachment difficulties (Dozier et al 2001). Establishing coherence and resolution in relation to their own attachment history is regarded as important when considering a foster carer's ability to help the child. Unresolved loss in the carer's history, particularly in relation to children, may interfere with the ability of foster carers to form healthy attachments with foster children (Berlin et al, 2005). Ways in which the attachment status of carer and child can interact are outlined by Marvin and colleagues as part of their attachment-based intervention, the Circle of Security (Marvin et al, 2002).

Marvin et al (2002) suggest that where a carer has unresolved issues within their past, parenting a child with attachment difficulties can elicit emotion and behaviour associated with these issues therefore interfering with the carer's ability to assist the child in regulating and integrating his experiences. Marvin et al (2002) describe ways in which the child's attachment needs (safe haven, secure base) can trigger painful experiences, prompting the caregiver to move into a defensive strategy to protect themselves. This can result in the carer and the child avoiding the attachment need by miscuing each other. For example, the young child may intuit that directly communicating their need for soothing makes their carer feel uncomfortable. In response to this, the child *miscues* by acting as if their needs relate to exploration and play rather than comfort and affection. As the attachment needs of the child trigger feelings of anxiety in the parent related to their own attachment needs, the parent adapts to this lack of intimacy and joins the child in miscuing.

### **1.5.4 Can foster care impact on attachment ?**

Hodges et al (2003) report on a longitudinal study comparing the narratives of children who were adopted at different times; children who were adopted 'early' in

the first year of life, and children who were adopted 'late' having experienced maltreatment. The group of late adopted children produced more negative representations of parent-child relationships, showing the parent as more rejecting and punishing, and as being less aware of the child's needs. After a year the narrative stems were reapplied, and the results showed an increase in positive adult representations. However the number of negative representations had remained constant suggesting that features of new and more positive relationships develop but do not necessarily change pre-existing representations. The authors suggest a number of explanations for this. Firstly, they propose that the late adopted groups may have experienced inconsistently abusive parents and that the child's IWM involves unpredictable positive and negative behaviour, a prediction that the authors describe as very resistant to change. Secondly, it may be that the children avoid the possibility of rejection, resulting in unmet attachment needs and also prevents the adoptive parent from providing the child with a different experience of caregiving relationships. Finally, the authors suggest that the child's IWM may influence the child's perceptions of the adoptive parent's behaviour, therefore confirming and strengthening the child's existing IWM.

In summary, foster care represents an opportunity for children and young people to form relationships with carers who are able to meet their emotional needs, and through these relationships there is the opportunity for the child or young person to develop healthy attachments and to build resilience. However both parties can find themselves facing a numbers of barriers to forming positive, healthy relationships that meet the needs of the young person or child, and certainly there is evidence to suggest that children's early adverse experiences may be extremely resistant to change.

### ***1.6 When things go wrong: Placement breakdown***

Foster care would therefore seem to represent the possibility of providing a reparative experience in which children can begin to grow and develop. However, as

described earlier, children in foster care can present with a variety of complex and challenging needs. Utting (1997) suggests that foster carers are often ill-equipped to meet these needs, which then results in increased strain and increased risk of placement breakdown. Placement breakdown is associated with significant consequences for both the child and the foster carer. Biehal et al (1992) report that young people who have had 'unstable careers' in care do worse on leaving care than children with 'stable careers'. Barrett (2002) describes the number of moves in care as an indicator of the level of 'emotional damage' experienced by children removed from their families and Kenrick (2000) describes the impact of placement breakdown as compounding a child's early experiences of deprivation and abuse. More specifically, placement disruption and change of foster carer has the potential to impede children's development in a number of ways, including the formation of meaningful relationships and disruption of education and health care (e.g. Macdonald & Turner 2005). Changes in placement have also been linked with an increase in emotional and behavioural problems (Newton et al, 2000). For foster carers, placement breakdown is associated with increased likelihood of leaving fostering, feelings of failure and of having let the child down (Sinclair et al, 2005; Barrett, 2002).

### **1.7 What determines success?**

As outlined in earlier sections, being in foster care has the potential to support and facilitate or impede healthy development and in recognition of this there is now large body of research investigating the factors associated with placement success.

#### **1.7.1 Supporting foster carers**

Providing support is thought to represent one way of enabling foster carers to continue with the placement and of increasing the retention of foster carers (Berridge & Cleaver, 1987; Hazel, 1990; Sinclair et al, 2004). Conversely, lack of support is identified as a significant factor in retaining foster carers (Rowe et al, 1991; Fees et al, 1998; Sellick & Thoburn, 1996; Sinclair et al, 2004). In addition to the pragmatic



arguments for providing support for carers, Sinclair et al (2004) argue that, given the challenges of fostering and the vulnerability foster carers face when they take on this role, there is a moral imperative to provide carers with effective and adequate support.

‘Support’ for foster carers takes a number of different forms including special interventions (training), emotional support, practical and financial support and advice and advocacy. A thorough review of these and the research evidence supporting these is outwith the scope of this research, however a number of these supports are associated with foster carers’ stated intention to continue fostering (Sinclair et al, 2004).

### **1.7.2 Relationships and placement outcome**

The relationship between a foster carer and foster child has been identified as a key ingredient in placement success and more specifically, the strength of the relationship determines the foster carer’s ability to tolerate significant levels of behavioural difficulties and is associated with the quality of parenting foster carers provide for the young person (Hodges & Tizard, 1989; Lipscombe et al, 2003; Beek & Schofield, 2004; Sinclair et al, 2005).

Although the relationship between foster carer and child has been identified as important and as constituting a ‘factor’ in relation to judgements of placement success, there appears to be few studies that take the nature of the relationship between the foster carer and child as an explicit focus (please refer to appendix 1 for details of the search strategy). The two pieces of research described below represent relatively large-scale studies focussing on the relationship between foster carer and child that also employ aspects of qualitative methodology. Both studies make links between the nature of the relationship and the outcome of the placement.

Sinclair et al (2005) carried out a detailed piece of research looking at the success of foster placements. This involved a cross sectional study of children in foster care and at follow up, 14 months later. Information was gathered from a number of sources including the child's social worker, the family placement worker and the child themselves. The authors also conducted more detailed case studies of placements that went well, and those that went less well. Based upon the information gathered, Sinclair and colleagues developed a model of placement success, which included two core features; *responsive parenting* and *conditions* (of the child, foster carer and the context of the placement). *Responsive parenting* was used to refer to the way in which the carer deals with the child and was termed a 'necessary characteristic' for placement success. Features of *responsive parenting* included handling attachment needs, managing difficult behaviour and reinforcing self-esteem and positive identities. The *conditions* of the placement referred to the already existing characteristics that made responsive parenting more or less likely. These included the motivations of the foster carer and child, attractiveness of the child to the foster carer, the commitment of the foster carer and the 'fit' between child and carer.

Schofield and colleagues reported on a longitudinal study following the progress of 58 children in foster care. One of the stated aims of the research was to generate information that would test whether attachment theory could be used to make sense the development of the relationship between foster carer and foster child (Schofield et al, 2000; Beek & Schofield, 2004). The study drew upon a range of material including interviews with foster carers and the foster children, observation and the researchers own feelings towards the child. Structured interviews based on attachment-related issues were carried out with foster carers during the first part of the research. During the second part, structured interviews were carried out with foster carers using the Experience of Parenting Interview (Steele et al 2000). Narrative stems were used within the interviews with the foster children.

In the second part of the study, Beek & Schofield (2004) monitored the progress of the group of foster children. The aims of this study included defining the nature of sensitive parenting, looking at how parenting had changed and developed over time, and examining the nature of the relationship that had developed. The authors identified five features of parenting and the developmental benefits associated with each. These included providing availability, promoting reflective capacity, building self-esteem, promoting autonomy and promoting family membership. Whether or not these factors were present within the relationship was presented as an indication of the extent to which the foster carers provided a *secure base* for the child. The findings of the research included the observation that children who were making good progress in the placement were twice as likely to be placed with foster carers identified as being sensitive to their needs.

### **1.8 Current Study**

Thus far, research exploring the relationship between foster carer and child has focussed on identifying the features of the relationship associated with outcome, and has been carried out within the framework of attachment theory. Whilst providing important evidence about the central role of this relationship and what constitutes a good relationship, this does not give an indication of how the process is experienced by foster carers. Therefore what seems to be missing from the fostering literature is an account of foster carers' subjective experiences of relationships with foster children. By gaining an increased understanding of foster carers' subjective experiences, we can more accurately support foster carers in this important aspect of their role.

### **1.9 Research paradigm**

Qualitative approaches are engaged with exploring, describing and understanding personal and social experiences and attempting to capture the meaning of these experiences. They are particularly suited to exploratory work and provide a means

of understanding the meaning of the phenomenon from the perspective of individuals being studied (Strauss & Corbin, 1998; Krahn & Putnam, 2000). Furthermore, qualitative methods allow the portrayal of diversity and can encompass extreme responses as well as providing a general picture of the area under investigation. Therefore, given that this is an exploratory piece of work concerned with foster carers' subjective experiences of relationships with foster children, it was felt that qualitative methods represented the best way of proceeding.

### **1.9.1 Grounded Theory and Interpretative Phenomenological Analysis**

Within grounded theory, the research does not start with a preset hypothesis, but instead the research is guided by broad research questions or aims, and hypotheses are developed during data collection and analysis. It was felt that characteristics of grounded theory data collection and analysis would be useful in this particular study, as there already exists an extensive research and theoretical literature in relation to foster care. By using the inductive methods associated with grounded theory such as detailed (line-by-line) coding and delaying the interpretative part of the analysis until the later stages of the research I would hope to avoid importing existing theories such as attachment theory and allow for the emergence of unexpected themes (Charmaz, 2006).

### **1.9.2 Theoretical approach**

Social constructionism is a theoretical perspective that accepts the existence of multiple truths and assumes that individuals jointly construct social realities. Willig (2001) suggests that traditionally grounded theory has conceptualized the role of the researcher as 'witness' to social events or processes and in this way represents a positivist approach, assuming the existence of an observable, objective, external reality. However a social constructionist or constructivist approach to grounded theory acknowledges that research develops as a result of the researcher's interactions with the data and that the analysis of the particular phenomenon does not depict the social reality but portrays an image of a reality (constructivist grounded theory assumes the existence of 'real' worlds and human realities, in contrast to



postmodern assumptions) (e.g. Charmaz 2003). In this way constructivist grounded theory represents a form of 'middle ground' between postmodernism and postivism (Charmaz 2003). From this standpoint, it is impossible for the researcher to set aside their own perspective or influence on the research, and adopting a 'reflexive' position, reflecting on their role within the research, is very much part of the process.

### **1.10 Reflections**

As outlined above, reflexivity forms an important aspect within qualitative research and the researcher is viewed as influencing the research at every stage of inquiry. The following section represents the first of several sections throughout this study relating to the researcher's position within the research.

#### **1.10.1 Starting point**

My interest in foster carers' experiences of relationships with foster children developed partly in response to carrying out a small-scale piece of qualitative research exploring foster carers' experiences of sources of strain and support. The emotional impact of fostering was a thread that seemed to run throughout the research, and the relationship with the child was one source of this. What particularly intrigued me was the quality of the relationships that could develop between foster carer and child. I also had a curiosity about some of the comments made by carers during this research relating to the 'dual role' of a foster carer and the idea that foster carers introduce a child into their home and their family, become emotionally involved with the child, but at the same time maintain a stance which acknowledged that the child was there on a temporary basis. For example, they made reference to ways in which they negotiated loss of foster child and how the impact of that loss was similar to bereavement. The following quotes are taken from foster carers who took part in the study.

I think when a carer loses a child to y'know to adoption or long term care its like a death in the family....

So you build a bond with them don't you (mm-hm). So when you know they're moving I think you start to switch off a bit. I think you have to...'

### **1.10.2 Reflections on the research literature**

One of the main themes within my reflective diary (please refer to section 2.5.1) during the early stages of this research referred to the large (at times overwhelming) amount of literature relating to foster care and within this, the decision about what to include within the introductory section of this thesis. There were two aspects to this; the worry associated with what felt like 'side-stepping' a significant amount of literature and the risk of missing something. In particular, I was unsure how or whether to include the literature reporting on interventions for foster carers. The relationship with the foster child was frequently mentioned as part of the evaluation of an intervention, representing one aspect of the self-report outcome measures, however there was no indication of what this referred to or meant. Eventually I felt that this represented part of the reason for doing the research, to increase understanding of what is inherently a 'woolly' subjective phenomenon. The following quote is an extract from my reflective diary.

...Still unclear about how I should include the training research literature and evaluation interventions for foster carers. In one way I guess it forms part of my rationale, but the content that relates to the actual relationship is very little and the way it is referred to is unclear, I have no sense of what the term 'relationship' in these studies refers to...

### **1.11 Research question**

The initial question that this research aims to answer is: how do foster carers experience relationships with foster children?

### **1.12 Aims of the study**

In the initial stages of the research the aims of this study were to explore foster carers' subjective experiences of relationships with foster children. Subsequent aims included the development of hypotheses about these experiences and the development of a theory based upon participants' experiences.

## **2 Method**

### **2.1 Design**

This study was carried out in accordance with the principles of a constructivist approach to grounded theory (e.g. Charmaz, 2006). In-depth interviews were carried out with eleven foster carers who had provided placements for a foster child for a minimum of three months.

#### **2.1.1. Participants**

Eleven foster carers took part in the research. All had provided a placement for a foster child for longer than three months. Ten participants were female and one participant was male and took part in a joint interview with his partner.

Demographic information was collected at the end of the interview. This information included age and gender of participants, number and age of current foster children, length of time of current placement and length of time fostering. A summary of foster carer characteristics and situations is provided in appendix 2.

#### **2.1.2. Contexts**

A constructivist approach to grounded theory adopts a reflexive stance and assumes that the data and analysis are socially constructed and are influenced by the place, culture and situation in which the research took place (Charmaz, 2006). The following provides some description of the context in which the research took place, including information about the researcher that may have influenced data collection, analysis and interpretation (this is expanded upon throughout the research).

##### *2.1.2.1 The Centre for the Vulnerable Child*

The Centre for the Vulnerable Child (CVC) is a multi-disciplinary team based in Fife providing a range of services to children and young people who have suffered sexual abuse and young people who show sexually inappropriate behaviour. The services

offered by the CVC are informed by a number of theories and models, however there is a strong emphasis on psychodynamic and analytic approaches. Approximately 15% of children and young people currently receiving a service from the CVC are in foster care. The team also offers a consultation service for foster carers. Four participants had no contact with the CVC but had attended training provided by clinicians from the CVC in relation to issues of abuse and trauma. The remaining eight participants all had contact with the CVC in relation to difficulties experienced by a foster child.

#### *2.1.2.2 Researcher Position*

My position as a trainee clinical psychologist on placement at the CVC may have influenced which foster carers agreed to participate and what they felt able to say within the interview itself. For example, a number of participants had had positive experiences of contact with the CVC and had communicated this to me during the interview.

The research was carried out within the context of work with referrals for children and young people. Focussing solely on the experiences of the caregiver as opposed to interviewing in relation to issues regarding the child represented a shift in focus for myself.

Through clinical experience I had become aware of some of the impact that placement breakdown can have upon a child.

At the time of the research I was engaged in clinical work using non-directive play therapy, in which the development of a relationship with the child is considered an important part. Therefore I had some experience of trying to form relationships with troubled children with a history of abuse and trauma, and had formed some ideas and preconceptions of what this may be like for foster carers. I had also thought about



some of the ways in which a relationship within this context was managed e.g. through setting limits and boundaries.

In the course of my clinical work I had experienced frustration regarding the beliefs and actions of foster carers, which I had perceived as being detrimental to the child's well-being.

## **2.2 Ethics**

Ethical approval was sought and gained from Fife and Forth Valley Research Ethics Committee (see appendix 3).

Participants were informed that the interview may trigger painful memories or experiences and that they may become distressed during the interview. Measures were put in place to help participants cope with this (please refer to section 2.4.4). Foster carers whose foster children were receiving service from CVC may have felt an obligation to participate in the research however it was emphasised that their participation was voluntary and would not affect the service they receive. Potential participants were also informed that their decision to participate or not would not be communicated to individual therapists. Care was taken to maintain confidentiality and autobiographical information was removed to reduce the likelihood of identification. Pseudonyms were used on the transcripts and the full transcripts were analysed using a password-protected laptop, which was kept in a locked drawer in the office of the CVC. The demographic information collected was coded to preserve confidentiality. It was also considered that the interview may raise issues regarding risk and harm to the foster child and participants were informed if this were the case, then confidentiality would be broken and the information would be passed onto the relevant parties.

## **2.3 Procedure**

### **2.3.1 Pilot interviews**

#### *2.3.1.1 Participants*

Participants for the pilot interviews were recruited informally from sources other than those outlined below and included two foster carers who I knew outwith the context of clinical psychology training. The pilot interviews were subject to the same ethical considerations as the main study interviews.

#### *2.3.1.2 Interview Process*

Two pilot interviews were carried with the purpose of ascertaining the utility of the initial interview question and to gain experience of conducting unstructured interviews. Grounded theory adopts a form of interviewing referred to as ‘directed conversations’, whereby the interview is unstructured but the ‘conversation’ is directed towards the area of interest. Initial interviews determine the questions asked in future interviews. The initial question used was:

What was it like when (name of foster child) first came to you?

This was chosen in an attempt to elicit an account of how foster carers personally experienced meeting the child, to allow a narrative of how things changed over the course of the placement and to encourage the carers to talk about experiences and occasions, not abstract preformed theories of what happens, particularly as it is likely that most foster carers have some knowledge of attachment theory. However implicit within this question is the assumption that that things change over time. Subsequent questions in the interview were based upon the narrative elicited from this initial question. The interviews lasted between an hour and 90 minutes. One of the pilot interviews was carried out in the participant’s home, the other was carried out at the participant’s place of work.

#### *2.3.1.3 Reflection on pilot interviews*

The interviews were reviewed in supervision and guidance given on interviewing style. Review of these interviews suggested that the initial question was useful in

eliciting a narrative of the participants' relationship with a foster child and was carried forward to the interviews in the main study. Areas of interest to and relevance to the research that had come up during interviews but had not been further explored within that interview were noted and borne in mind for future interviews. It was also decided that where possible interviews should be carried out within participants own homes as this could increase informality, helping to shake off other roles for researcher and participant. The foster carers interviewed had some knowledge of formal theories of relationships such as attachment, and given the availability of training courses, and substantial practice and research literature and contact with professionals, it was anticipated that foster carers interviewed for the main study would also have knowledge of this and so the emphasis was on gaining narratives of personal experiences rather than abstract accounts or theories of relationships.

### **2.3.2 Main Study**

#### *2.3.2.1 Participants*

Foster carers were invited to participate if they had provided a placement for a foster child for more than three months. Foster carers who have provided a placement for a child for less than three months, and those who had only provided respite care were excluded. This decision was made following discussion with experienced colleagues on the basis that three months may represent an adequate length of time for the child and foster carer to get to know each other. Foster children were judged to have varying degrees of trauma and difficulties, however all were identified by foster carers as having some difficulties.

#### *2.3.2.2 Recruitment procedure*

Potential participants received an invitation letter, an information sheet, an opt-in form and a stamped addressed envelope. The information sheet outlined the purpose of the study and explained that individuals were under no obligation to participate, were entitled withdraw at any time, and that this would not affect the services

received (see appendix 4). Potential participants were identified through the CVC's database of children and young people currently receiving input from a clinician from the CVC, the CVC's database of foster carers who have attended consultation sessions but whose foster children are not currently receiving input from a member of the team, and through distributing information packs at training events attended by foster carers.

#### *2.3.2.3 Data collection*

Interviews were carried out in a pair-wise manner. Within grounded theory, data collection and analysis are carried out concurrently and the data collection is guided by the developing analysis. One means of doing this is to engage in 'theoretical sampling' where categories are developed by seeking out particular participants, experiences or information. Researchers engage in this until they reach 'theoretical saturation'. This refers to the point at which the data gathered no longer reveals new properties or insights into the developing theory. Within this study, constraints of time and available participants meant that categories were developed through adapting the questions asked within interviews. This corresponds with Strauss and Corbin's suggestion that developing ideas and directions in the analysis be checked-out in later interviews by asking participants whether these findings relate to their own experiences (Strauss & Corbin, 1998). For example, the theme of 'liking' was constructed early on in the research process and was brought to subsequent interviews where participants were asked about their experiences of liking and disliking foster children, the importance this has for them, and why.

#### *2.3.2.4 Interview process*

All interviews were carried out in participants' homes. Prior to beginning the interview participants were given a further opportunity to ask questions, the content of the information sheet was reviewed and participants signed the consent form. During and before the interview attempts were made to establish rapport and to make participants feel as comfortable as possible. If during the interview there was an



indication that the participant was becoming distressed, the interview was stopped and support offered. Participants were offered the opportunity to receive follow-up support in the form of a referral to an appropriate service or the opportunity to speak with member of team. A follow-up phone call or visit was also offered. The interview continued only if the participant was willing and if continuing would be unlikely to cause undue distress. The interviews were recorded using a digital voice recorder and descriptive notes were made following the interview.

#### *2.3.2.4 Transcription*

Styles of transcription vary according to the purpose and type of analysis the researcher intends to use (Potter, 1996). In this research the interviews were transcribed in total (including researcher contributions, false starts, pauses, speaking errors and verbal noises such as laughter) but excluded features such as breathing, speed and intonation. Descriptive notes were made during and after the interview to record aspects of the interview including gestures and observations of the respondent's presentation. The only changes made during transcription were to preserve participant confidentiality and anonymity.

#### *2.3.2.5 Literature review*

Some researchers (e.g. Glaser & Strauss, 1967) advocate delaying the literature review as it is argued that this increases the likelihood that analysis is influenced by existing theories. However, a constructivist approach to grounded theory acknowledges that the research is inevitably subject to bias and influenced by the context in which the research is carried out and, as noted earlier, I had a pre-existing knowledge of literature and of theory that may be applicable to looking at the development of relationships between foster carers and their foster children. A literature review was carried out during the planning stages of the research and I returned to the research literature at several points during the data analysis and write-up. Reflections on the research literature, my developing ideas and the relationship between the two were recorded in the research journal.

#### *2.3.2.6 Analytic procedures*

Analysis was informed by grounded theory procedures and guidelines (Charmaz, 2006) and included the following; constant comparison, memo writing, line-by-line coding, focussed coding and category development. The initial stages of analysis involved familiarisation with the data, reading and re-reading the transcripts. The process of transcribing the interviews also facilitated familiarity with the data. Qualitative software (N-VIVO QSR) was used to complete the analysis.

##### *2.3.2.6.1 Constant comparison*

‘Constant comparative methods’ (Glaser & Strauss, 1967) refers to the ongoing process of comparison throughout the analysis, including the comparison of data, codes and categories. This was employed throughout the analysis.

##### *2.3.2.6.2 Memo writing*

Charmaz (2006) describes memo-writing as the ‘pivotal intermediate step in grounded theory between data collection and writing drafts of papers’ (p72). Memo writing is a means of recording and analysing ideas, and developing categories from the initial stages of data collection and analysis.

##### *2.3.2.6.3 Coding*

Coding in grounded theory refers to ‘the process of defining what the data are about’ (Charmaz 2006, p186) and is a means of categorising, describing and sorting data. This process resulted in large number of descriptive ‘labels’ for the data (see appendix 5 for sample codes). Charmaz (2006) advocates using ‘line-by-line’ coding of the data, and where possible this was adhered to. However for some parts of the

interview this strategy made little sense as the interviews contained stories or descriptions of experiences and 'lines' did not always contain a distinct idea or meaning and so the 'line-by-line' method of coding was applied flexibly and in some cases, units such as sentences or 'chunks of meaning' were coded instead. Each unit was often included in several different codes. Charmaz (2006) argues that this level of coding provides an 'early corrective' that 'reduce(s) the likelihood that researchers merely superimpose their preconceived notions on the data' (p 51). This allows the researcher to uncover new concepts and novel relationships and minimises the potential for missing areas of interest. This seemed a valuable exercise in this research, particularly as I did have number of preconceived ideas about this area from the literature review, clinical experience and backgrounds and knowledge of existing theoretical concepts.

#### 2.3.2.6.4 Focussed coding

Focussed coding is the second stage in coding and involves using the codes identified as the most frequent and significant and using these to further categorize the data. At this stage decisions were made about which codes made most sense of and accounted for the data in what seemed to be a coherent way.

#### 2.3.2.6.5 Categorising and theory development

This involved developing the analysis from a descriptive to a more abstract level in which the codes are grouped together into categories, the categories are defined and relationships between categories are delineated. At this stage categories and sub-categories were developed and the links between them were specified. Throughout this process the developing categories and ideas were checked against individual transcripts. Among these categories, one was identified as the core or central category. This category appeared to fit Strauss and Corbin's criteria for a core category i.e. a category that has 'analytic power' and the 'ability to pull other categories together to form an explanatory whole' (Strauss & Corbin, 1998, p146). This category was linked in a reciprocal way to all other categories.

#### 2.3.2.6.6 Reflections on analysis

The process of moving from the smaller codes identified during open coding to focussed coding and category development represented one of the main areas of difficulty in the analysis and it was at this point that the analysis seemed to become stuck. Having broken down the data into many small units (the number of which felt unmanageable) the issue of how to reassemble these units into meaningful categories remained. At this stage, discussing the findings and themes with colleagues was a valuable way of reflecting on the data and helped in developing ideas and progressing with the analysis. Also at this point I returned to the grounded theory literature and found following question helpful: what are the participants' main concerns and how are they resolved? This, along with returning to the transcripts, was helpful in retaining the focus of the analysis on the participants' experiences and perspectives. When constructing categories, the codes and the text associated with the codes were printed out to help re-examine the content of the categories and to identify links between them. As a result of this, the categories were broken-down and re-defined. The changes made as a result of printing out the nodes was then transferred to N-VIVO. Although this was time-consuming, it provided a means of re-checking the analysis and establishing whether the themes were relevant to each interview (see appendix 6 for an illustration of the way in which categories developed).

## **2.4 Rigour**

Concepts of reliability and internal and external validity are invoked to assess the quality of research carried out within a positivist framework, however it is generally accepted that these are not appropriate for the assessment of quality in qualitative research. There are a number of guidelines available in relation producing good quality research (e.g. Sandelowski, 1986; Elliott et al, 1999). This research draws upon the commonly referred to concepts of credibility, transferability and dependability as a means of assessing the trustworthiness of the research. These are



approximate equivalents of quantitative criteria of internal validity, external validity and reliability, respectively.

#### **2.4.1 Credibility**

Credibility (Lincoln & Guba, 1989) refers to the extent to which the account produced is a 'faithful description' of the data (Koch 2006). However, given the position within this research that there are 'multiple truths' and that the research findings are influenced by the researcher themselves, self-awareness is considered important in the credibility of the account. As part of this, a research journal was kept as a tool to aid reflection on the research process. In this I recorded thoughts on the research, emotional reactions and decisions taken at each stage of the research. The journal formed part of the analysis of this research. The journal entries were analysed by a colleague familiar with qualitative methodology and themes were constructed. Extracts are presented throughout within the reflective sections.

A second way of enhancing credibility is through respondent validation, where the analysis is presented to participants with the intention of establishing their views on the analysis. However this was not possible prior to the submission of this research. In line with a constructivist approach to grounded theory in which multiple realities are acknowledged, the response of participants would not be used to establish the veracity of the research, but instead would be a means of expanding and developing the analysis. Further ways in which credibility was operationalised in this research included the use of constant comparative methods in the analysis, the recording and transcription of the interviews and the presentation of direct quotations from participants.

Triangulation refers to gathering different perspectives on the same phenomenon and can serve two purposes; completeness and confirmation (Fenech Adami, 2005). Therefore triangulation may be used to increase understanding through providing access to different versions of a phenomenon as well as means of cross-checking

research findings (Fenech Adami 2005, Flick 1992). The findings in this study were triangulated with existing research literature.

### **2.5.2. Transferability**

Transferability refers to the extent to which the results of the research are applicable outwith this particular study (Guba & Lincoln, 1989). In describing the context of the research including details of the sample and setting characteristics I hope that I will have gone some way to enabling judgement about the transferability of the research. A further means of showing ways in which this research may be transferred to other situations relates to the identification of similarities between the current study and existing research.

### **2.5.3 Dependability**

To demonstrate dependability (Guba & Lincoln, 1989) the researcher provides a well-documented approach to the process of collecting and analysing data. The concept of the 'audit trail' is important in demonstrating dependability and refers to the extent to which others can follow the 'decision trail' (Sandelowski, 1986). This includes making transparent the theoretical, methodological and analytic decisions taken during the research. In an attempt to meet this criterion, direct quotations from interviews are used and a sample of analysed transcript is provided in appendix 5 illustrating coding in relation to direct quotes (Dallos & Vetere, 2005). A colleague familiar with qualitative methodology read through a sample of the interview transcripts and generated comparable themes.

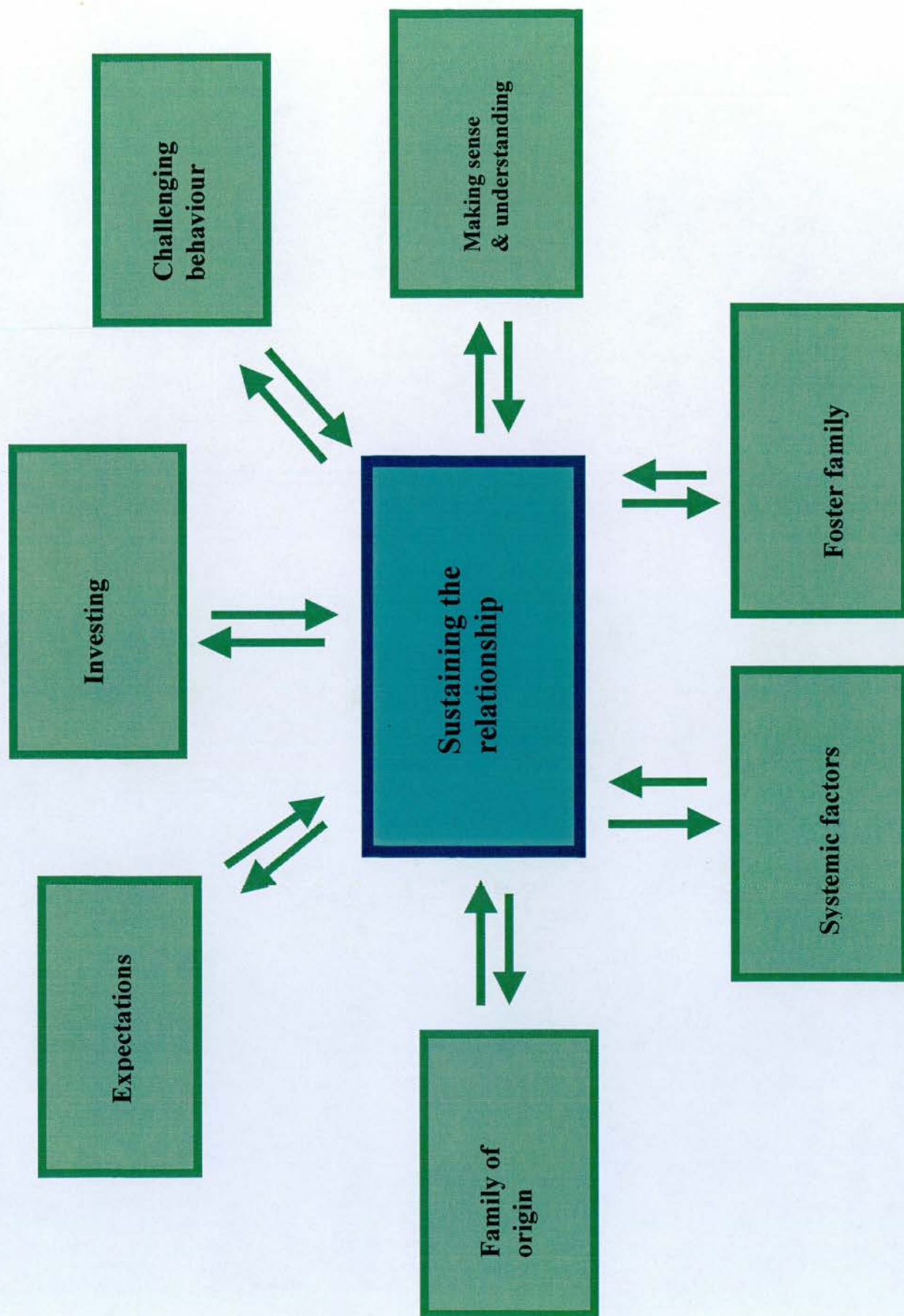
### 3 Results

The following provides a summary of the research thus far. Eleven foster carers took part in ten in-depth interviews relating to their experiences of relationships with foster children. Data collection and analysis was informed by methods associated with grounded theory. Interviewing and analysis of the narratives took place concurrently, with the themes extracted from initial interviews brought to subsequent interviews. The themes that emerged as important for multiple participants formed the basis of the categories. One core category and seven principal (main) categories were constructed from the data. Within these larger categories there were a number of smaller sub-categories, representing different aspects of the categories. The categories inter-connected to a large degree.

The following categories were constructed from the data; 1) sustaining the relationship, 2) family of origin, 3) investing, 4) expectations, 5) making sense and understanding, 6) challenging behaviour, 7) the role of the foster family and 8) the role of systemic factors and professionals. Sustaining the relationship is presented as the core category. Each of the principal categories are hypothesised as impacting upon the extent to which participants are able to sustain the relationship. Four categories are presented within this section; the core category of sustaining the relationship and the following principal categories; family of origin, investing and expectations. These were selected for inclusion as they represented the most significant of the principal categories. Summaries of the remaining principal categories (making sense and understanding, challenging behaviour, role of foster family and the role of systemic factors) are included in appendix 7.

Excerpts from the interviews are presented within this section. The participant to whom the quote belongs is noted beneath the quote in brackets. The 'R' is an abbreviation for 'respondent' and the number represents the participant quoted.

**Diagram 1**  
**Sustaining the relationship: Relationships between categories**

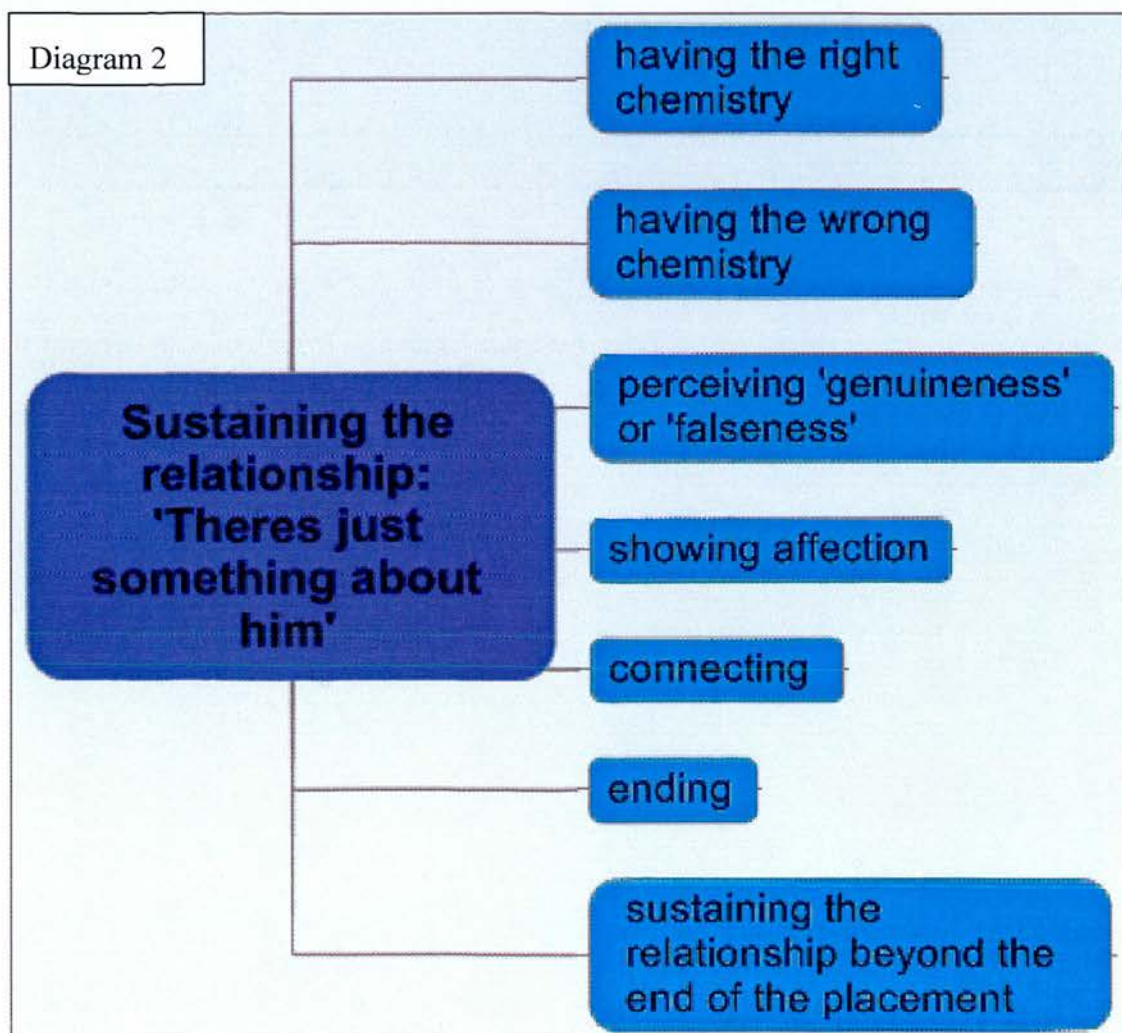




### **3.1 Sustaining the relationship: *Theres just something about him***

This category relates to participants' experiences of an affective element of their relationship with foster children. This included experiences of strong positive and negative feelings towards the child, their perceptions of the child's feelings for them and the more tangible, visible aspects of the relationship including affection, having a sense of rapport, or seeing a connection with the child. These qualities were not something that participants described as experiencing with every child and were described in relation to some, but not all, of the foster children. All participants described experiences relating to this aspect of the relationship. This category is summarised in diagram 2.

Whether or not foster carers found themselves able to like the child seemed to be important in enabling them to cope with challenges and difficulties presented by the child. When participants found that they disliked a child, this contributed to role strain and dissonance in terms of their expectations of their role and, for some, this was explicitly linked to the feeling that they should no longer continue fostering.



### 3.1.1. Having the right chemistry

When participants described experiencing strong positive feelings or a 'liking' for the child, they appeared to have difficulty in explaining and describing these. When they did try to explain their feelings for a child, they referred to concepts such as 'chemistry', 'clicking' and 'instincts'.

I don't know, there's just something, something kind of clicks. (R6)

chemistry (laughs) (chemistry?) it is, chemistry is the only word that makes, that sums it up as far as we are concerned, as, as carers, no even carers, just as people, there has to be an element of chemistry, (mm-mm) and if you're dealing with difficult behaviours, you know, 24 hours a day, 7 days a week, for whatever, em, like Debbie, we could not work with Debbie's behaviour if there wasnae chemistry there (right) (R7)

This affective quality was sometimes experienced as an instant reaction to the child. In the quotes below, participants describe their immediate reactions to the foster children. For most participants this feeling or impression tended to endure throughout the placement.

and Gary was just this poor wee soul (right) that nobody wanted, nobody cared about, and Gary and I just clicked right away (uh-huh), and Gary and I have always been like that always been like that (uh-huh) (R5)

Erm but the first day, I opened the door in and there were these two lovely little faces looking at me they were (uh-huh) yeah. Terrific. And right from the start yes, I thought yes, I thought these are really really nice boys. (R1)

However, for the participant quoted below the bond had developed over time, and the relationship with the child she had looked after for a while (Sam) was experienced as stronger than the bond with the baby who had just been placed with her.

(3 secs) mm Sam's just well, I mean I've got him (points to baby) now eh, but I've just got him so its, its no the same but Sam's just part of me now eh (right) (R10)

Some participants made a distinction between a child's challenging behaviour and their relationship with the child. In this way challenging behaviour was not viewed as something that determines the participants' feelings towards the child or the relationship between carer and child. This was despite the strain that participants described experiencing in trying to cope and manage the behaviour. In the quote below, the participant compares two foster children, one with more difficult behaviour than the other (Paul). The participant describes an affective quality in the relationship ('bond') with this child (Paul) that helped her to cope with the behaviour. In contrast she experienced her relationship with the other child (Andrew), whose behaviour was perceived as being much less difficult, as being more problematic.

Pauls hard work but because of this whatever you've managed to have with him (uh-huh) makes it easier and more acceptable...If Paul stands up to you right (mm-hm) (1 sec) its like hes only just being a cheeky little brat (right) right and you sort him out in whatever way. If Alan (1 sec) does it, it just seems worse... Err he (Paul) would be the worst for getting in trouble out about right (mm-hm)... Er so Pauls like that (mm-hm) (1 sec) but theres a side to Paul that well, maybe theres a bond thing, that that came there (yeah) that hasn't come with Alan... (R4)

This elusive quality is described by another participant as preventing them from 'giving-up' on a child, and as important in maintaining their positive feelings towards the child, despite experiencing threatening and hostile behaviour.

He challenged me one day with a 3 foot metal bar (oh God) threw stones at me (laughs) as well when I walked the dog (uh-huh) em but there was something there, (uh-huh) that just still stopped you from turning your back on him (right). There was, I don't know what it was because we were always going to give up on him, I had it in my diary, three months



from now, if it's not better, see the agency, he'll have to go (mm-hm) and I had this continually almost over two years. (R6)

The importance of having a positive affective part to the relationship is echoed by the participant quoted below, who describes it as necessary in sustaining the effort associated with fostering.

because if you don't like somebody, you don't, it's just a slog (right), you cannae do that 7 days a week sometime s24 hours a day (mm) some children you are up, your up early you can be up during the night, (yeah) sometimes when we have , well, I'm up during the night and I have to sort of arrange, rearrange sleeping em, time because he is in the same room as Kelly, so I've seen me putting all the cushions on the floor (ah-hah) you couldnae do that with (R7)

### **3.1.2. Having the wrong chemistry**

Some participants described feeling strong dislike towards a child and commented on how this contradicted their expectations of how they relate to children and their expectation of finding something positive and likeable about a child.

Y'know I found it was a terrible struggle, and before I said things I had to think what I was saying em before I did things (uh-huh). I was to think and I have never ever felt like that before, and I would never want (mm-hm) to feel like that again, you know, I just found it a terrible struggle with him.(R5)

two wee boys 6 and 3 (mhh) and the 6 year old he was absolutely stunning (ahh) he was the most handsome wee guy ever but I just didn't take to him and I couldn't believe it because I thought I'll find something I like about you (ahh) I will I'll find something and I didn't. (R8)

Again, the feelings could be experienced as an immediate reaction. In the following quote the participant describes the feelings as 'instinctual'.



I don't, I think our instincts have, the kind of things we ignored at the beginning, we learned, I think we learned to use it, (mm-mm) that if we didn't feel comfortable, we were then able to say "no, this isn't right, this isn't right for us", but that took a wee while, there is only one that I have ever taken an instant dislike to (right) em, and you, you only, I only said we would have him one night because they really were stuck (yeah) but I never slept a wink the whole night I just felt so uncomfortable with this wee boy, (R7)

The participant quoted below described having attended a training course for managing challenging behaviour and came to the conclusion that the difficulties they were experiencing were associated with 'chemistry' and not with the difficult behaviour.

...I realised that I had tried everything (mm-mm) we had tried everything as a family and that's when this chemistry thing, it began to dawn on me, no the chemistry wasn't right, it had nothing to do with, em, how we had dealt with this child (R7)

Where participants had experienced feeling dislike for a child, they often struggled to come up with an explanation for this. In a similar way to explanations of positive feelings for a child, some participants invoked concepts such as 'chemistry', 'instincts' and 'subconscious processes' to explain their feeling of dislike. Some participants also referred to what they perceived as intangible characteristics in the child such as 'creepy' and 'weird'.

because the grandchildren even, they never used to say anything but you always used get this wee bit feedback of of them saying, 'we didn't like the boy' 'what for, 'don't know there was just something about him we didn't like' (uh-huh). (R6)

and it's like hes (2 secs) mm how can I say, weird for want of a better word (R4)

In the following quote, the participant describes their experience of a foster child's behaviour.

you, you really did, you, it, it was creepy the way it (right) (ah-hah) the way it was done, it wasn't, it wasn't natural (yeah) (R7)

In the extract below the participant described experiencing negative feelings towards a foster child (Alan). There had been two attempts to move Alan and his brother to permanent foster placements however, these had both broken down and the children had returned to their placement with participant 4.

y'know I dunno maybe subconsciously er and that, and it could be the fact that the 2 moves they should have had (mm-hm), might have went through had it not been for Alan, so do you think maybe subconsciously that bothers me, I dunno (R4)

Amongst participants there was an acceptance that early adverse experiences may have impacted upon the child's development and contributed to some of the child's difficulties, however no participants invoked this explanation for their feelings towards the child. Some participants explicitly indicated that the child's 'damaged' development did not explain their feelings for the child.

you know, a lot of people say "well, it's because of the damage that's been done to them" but we've worked with kids that have had far worse damage and still been likeable...I think there are some children out there that is difficult to like whether or not they have been damaged or abused whatever (mm-mm) its part of their, I think just part of their nature (R7)

These negative reactions to the child were something that participants described finding hard to accept and tried to manage in different ways. These included trying to find the 'good' in a child; avoiding the child; adapting their role or expectations; or ending the placement. Some participants reported doubting whether they should

continue to foster, given their feelings about a child and how this conflicted with their expectations and motivations.

No I don't know what it was, behaviour is behaviour as I say, it was like Julie, we'll deal with the behaviour, theres a nice person in there...we couldn't find this lovely wee boy (mm) he looked like a lovely wee boy but we couldn't (R8)

Participants described the belief that if they disliked the child, it was possible that they were causing harm as the child would detect the carer's feelings towards them. In this respect, participants seemed to explicitly view liking as being necessary to fulfilling their role.

...we both feel that you can cause more damage to a child if they're picking up, you know, if they're picking up negative, we tried to tell Family Placement about that didn't we? That we were given negative vibes to this wee Mary, and it wasnae healthy for her (R7)

I don't even like him (mm-hm) so how is that healthy...And then ,you know what it made me think like, do y'know how you get step parents (yes) and the wicked stepmother kind of thing and they dinnae get on with the kids (yeah)...and I'm thinking for him to come back y'know, and I feel like that, its no good (mm-hm). (R4)

Some participants' perceptions of the importance of their feelings for the child seemed to be linked to the type of placement they were providing. For example, the participant providing the following quote felt that the length of time a child remained in the placement was important.

but, you have to have an element of, of some attachment, I think, I think it is one of these things that's bit like a bit of string, depending on how, how long your going to have some sort of input in their lives (R7)



Other participants described ways of managing their feelings so that they felt they were still able to provide the child with some benefits. For one participant quoted below, the consequences of ending the placement was perceived as outweighing the consequences of continuing a placement with a child they disliked. Continuing with this placement despite their feelings for the child involved redefining their approach or role to that of doing a job, focussing on some of the practical aspects of the placement such as providing the child with ways of developing such as joining clubs and developing activities, and avoiding spending too much time with the child.

Yeah (1 sec) and just y'know making sure hes got everything (uh-huh) right and just em, making sure he goes to cadets, and (mm) gets an interest in outside things and the befriender thing (1 sec) (right), which right, give him these bits, hes got his house, hes got his thing er and just hopefully manage to work as a job (right ok) and really that is how I've taken it, that tack (uh-huh). (R4)

### **3.1.3. Perceiving the child as false or genuine**

Participants described forming the impression that some foster children presented a 'false' self. Included in this was the sense that the child did not always did not always show genuine emotion or be the 'real' them. For some participants this was experienced as a source of concern and strain within the relationships and influenced the way in which they related to and felt about the child.

No, no that's what I'm saying theres part of it that I don't feel is the real him, (ahh), its like going through motions (ahh) (R9)

In the following quote, the participant described her reaction to witnessing a young person's distress following a young person's transition to another foster placement.

But he was bawling and greeting about his carers and so I phoned them (his previous foster carer) up and said 'look hes crying his eyes out here and is there something we can do about this eh' and she said 'no its, that's all waterworks dinnae believe it for a second, its all crocodile er



this that the other...Err (1 sec) I just thought oh well shes right enough its just crocodile tears, hes at it. (R3)

Related to this is the extent to which participants viewed children as 'really' or 'truly' caring. For example, in the quote below the participant differentiates between making amends to receive praise and reward and genuinely wishing to make amends as part of an appreciation of others' feelings and a wish to fix this. This was in response to an incident where the foster child had harmed someone with whom the participant had a personal relationship.

Yeah cos that was a new thing (laughs). To care. To care at all was a new thing (right). Yeah to get something good from it, or to get praise for not, for doing the right things that was all good but (mm), to actually care that he'd done something wrong and want to make amends for it (mm-hm) (1 sec). That was different. (R3)

The sense that the child does not care or is lacking in empathy was evident in most cases where participants had expressed finding the relationship difficult to sustain. In the following quotes, both participants describe foster children who appear to show genuine emotion (in this case distress and remorse) and with whom they have positive relationships. These children are then compared with children who are perceived as failing to show this emotion and with whom the participants have more difficult relationships

In the following extract the participant describes the foster children's responses to the illness of a family pet.

Now Paul was like not going to go to school, not anything, he was like round the dog and in tears and Alan was non-concerned... y'know and even to Ian (husband) that was like 'mmmm jeez', he just didn't even answer it and I thought (2 secs). It was like he, he didnae care, but could we get a pup then y'know (right), 'I don't care that he died (uh-huh),

we'll just replace it with something else' and that was difficult, Ian just had to walk away. (R4)

In the following quote the participant describes her perception of the foster children's responses to her own distress.

I think, I don't know whether she (Louise) was older or because she didn't really seem to care if she'd upset me (uh-huh alright), mm-hm. Whereas Fred seems to have that sort of, he seems to be genuinely quite, y'know as upset as I am really at the end of things... Whereas with Louise we never ever felt that, it was just really, it was just, she would just fight her own corner (1 sec) the whole time (R2)

For some participants, part of the perception of being genuine or real seemed to be related to the extent to which the child appeared able to be spontaneous. This was referred to in terms of showing affection within relationships and in terms of the child's behaviour (e.g. initiating activities and interactions).

Now he'll come up, and he'll give you a hug, hes not a, a spontaneous like Chris you know em and he doesn't give out hugs (R5)

well but they're no quite as spontaneous with the family... y'know hes, it's not spontaneous, y'know he'll no come down and say 'oh that was a good football game, I was watching' or anything(mm-hm). (R6)

One participant did describe being able to see change in the child's 'falseness' over time and the perception of 'real emotion' in the child was viewed as a sign of progress.

when she started to be more aware of her own emotions (ah-hah) and started, you know, Julie didn't cry for, when she did cry it was like a 2 year old baby crying for attention, em, but now we get, I think, with Julie, proper tears (right), right emotions (R8)

### 3.1.4. Showing affection

The child's ability to receive and show affection seemed to be perceived by some participants as an indication of the type or strength of the relationship between carer and child. Being affectionate within the relationship seemed to be valued by participants and was invoked during descriptions of 'good' relationships with foster children.

But er they just came up earlier, just before you came and said 'family cuddles', so we all stand and have a family cuddle. So, (uh-huh) I mean, that's lovely (R1)

For some participants, 'withholding' affection was interpreted as a communication from the child about their feelings about the relationship and as a way of defining the relationship. In the following extract the participant describes the child withholding affection from them but appearing to make a point of showing affection to their birth parent, which was viewed by the participant as a communication that they should not try to take the place of the child's mother.

but then if you met him with his mum he'd look you in the eye and go and cuddle his mum and he'll actually say 'I'll always cuddle my mum' (right). That was the first thing....I think he was trying to say 'you're not my mum' (mm-hm), er 'this is my mum' (uh-huh). (R1)

Where a child was less affectionate, this could lead to difficulties for carers in showing affection.

I think em (2 secs) maybe because he wasn't a very demonstrative boy (mm-hm). Em I think it made me sort of draw back from him (right). I think I was more frightened, I don't know if frightened's the right word em I didn't really want to show affection, to Chris, because I knew it wasn't going to be given back (right) (R5)

Even where participants felt that foster children may be too ‘clingy’ they felt that this was easier to cope with than the absence of physical affection.

I can’t, I mean, I think in some ways I was quite pleased that he did (show affection) (mm-hm yeah). I mean I think that was easier for me to cope with than a child that had been very distant (R2)

### **3.1.5. Connecting**

‘Connecting’ represents the other visible or tangible way in which participants experienced the affective part of the relationship. This refers to the presence of a felt connection with the child, described as having ‘rapport’, the ability to have a ‘back and forth’ conversation and a shared sense of humour.

but I’ve always been used to children you know that you can go up (yes) and give a cuddle to or you can sort of back chat back and forth with and things (R5)

so we still have that kind of rapport there that I could say anything I liked to him (mm-hm) I could tell him that he’s been absolutely stupid round the bend, twisted, and all the rest of it because of what hes doing and how hes saying things (uh-huh) and that tell him he’s a stupid so-and-so, for certain things especially when it comes to finances with him and hes, he’ll argue back with you (mm-hm) and he rambles on and on about it but he’ll always come back and say, well, maybe you were right about it I’ll say ‘thank you’. (R6)

For one participant the shared sense of humour and ‘bond’ between the foster child (Kerry) and her husband seemed to be stronger than between their birth children and her husband.

when she was smaller, em, the bond between them was uncanny, (right) in a way that our other three (birth children) would sort of back-off their dad, but Kerry had more that, the same kind of, it’s a quirky sense of humour (ah-hah) and they’ve picked up on each other (ah-hah) an there never wrong children. I think they are a bit more like me in that sense,



(ah-hah), they are a wee bit shy about, where as Kerry would sort of face up to my husband (right, ok), (coughs) and he would accept that off her (laughs ) (right) and so the bond between them was unbelievable. (R7)

### 3.1.6 Endings

Participants spoke about the breakdown of a placement in terms of the ending of placement and not of the relationship. However when participants did refer to placements had broken down (or ended prematurely) it seemed that the end of the placement equated to the end of the relationship. Deciding to end a placement was described as the culmination or end result of prolonged difficulties. When explaining their decision to end a placement, participants provided detailed explanations and descriptions of the challenges they faced and the strain these presented for them. The way in which participants spoke about these endings gives an indication of the emotional impact of these experiences.

The participant quoted below describes a build-up of difficulties at home and at school, leading to feelings of being unable to cope and the feeling that the placement has to end.

...and I went 'I cannae do this no more' (mm-hm) right and that day, and I said to Ian (husband) 'right' I says, 'you can phone the social work now right now, phone them and get them to take they two (the foster children) away, now' (uh-huh) 'right now, or I'm jumping in my car and I'll no be back til they're gone' right and then when he knew I was like meaning it (mm-hm) right I says I mean it, like I've had it, I cannot take it, I'm like uh-hh, I just cannae' (mm-hm) right, so he phoned the social work (R4)

And then he smashed all the windows and ran away again, found him a couple of days later (2 secs) we just said 'no don't bring him back'. (R3)

The ending of a placement was not always carried out according to how the participants wished. In the quote below the participant describes requesting for an

end to placement with a child that they were finding it difficult to cope with/had a difficult relationship with, and then being asked by their social worker to resume the placement for a short period of time.

we'd gone on holiday, and she was in respite and we told them before we'd went away, "we're not having her back" (mm-mm) we want to do the goodbyes before we go on holiday (mm-mm) and what did they do when we came back from holiday, "you have to take her back, for 2 or 3 days to say goodbye" and, we're no doing it, we cannae do that, (husband speaks) (R7)

### **3.1.7 Sustaining the relationship beyond the placement**

For some participants, the relationship with the child continued beyond the end of a placement. This seemed to be particularly the case when a strong relationship had developed between foster carer and child. Other participants had a different approach to contact after the placement, and seemed to view it more as a short-term arrangement. In the following quote the participant describes her feelings about a foster child (Gary) who is now aged 21.

You know but em, no I think Gary will be here for for quite a while...I don't know what to do if he wasn't here to be quite honest (uh-huh).  
(R5)

Where a child has moved on, either to a new placement or returned home to the family of origin, some participants indicated feeling that the child needs to see, or benefits from contact with their previous foster carers, and that this is in recognition of the relationship that exists between foster carer and child.

I mean, she'll phone up and say "you think you can have him for his tea because he is really needing to see you" (right) (R7)

The participant quoted below describes the importance of acknowledging the relationship so that the child is able to make sense of things.

And he really has to get things in his own mind (yes) and in some ways it might have been worse if they'd just disappeared (yeah so). Y'know he was able to say goodbye, was able to say goodbye to them (yeah) and y'know (R2)

Some participants described being an ongoing source of support and help for the young person and continuing to care as the young person approaches adulthood. In some cases the young person is seen as being part of the immediate family and their coming and going from the foster carer's home is viewed in a similar way to the foster carer's adult children.

no, it would be easier for us to say well we'll look after her until she is 16 and then bye-bye, (yeah) that's no what we have in mind, I mean we have said that this is Debbie's home as long as she wants it (mm-mm) and hopefully it will be the same sort of natural move on as her big brothers and sisters that she, you know when she is ready to, to be independent (right) she, she'll come back and forward like the way they do (mm-mm, yeah) that's the plan (laughter) that's the plan, our master plan (R7)

The participant quoted below describes the pleasure she feels when the foster child, having left the placement, returns 'home'. This participant had described forming a 'bond' with this foster child, one which continued beyond the end of the placement, and views him as similar to her own adult children.

...when they keep coming back like that. You feel well, it's nice (uh-huh), it's like a reward that you're getting y'know, for through the years with them, and it's it's a, you just feel nice it's like with your own family, y'know I mean, my sons in the army as well and it feels great when he comes home (mm-hm), and we've got that with him and we are a very close knit family (mm-hm) umm and I think the boys those two boys knew that (uh-huh) they were part and parcel of this very close

family, they were always counted in everything that we did with them (mm-hm) (R6)

However, the relationship can continue to be complicated and may be a continuing source of strain for the foster carers. In the quote below, the participant describes perceiving the young person as continuing to 'reject' them.

getting engaged to the wrong girl, and having lots of problems it it all backfired. Because we got landed with it (uh-huh) and then you don't get your thanks at the end of the day, for it y'know, they come to you, they want help, when you give them help, then they just away, turn their backs (R6)

### **3.1.8 Summary**

All participants described experiencing either a strong negative or positive affective quality in their relationships with a foster child. Participants spoke about particular children who had evoked these strong feelings in them and it appeared that not every child evoked these feelings and the strength of the feeling varied from child to child. The impact of this affective quality on the relationship between foster carer and child and the placement in general was less evident among the three participants who had been fostering for a lesser amount of time and had fostered smaller numbers of children. It is suggested that this experience may become more similar to other participants as their experiences of forming relationships with foster children increase.

This quality was referred to by participants in a number of ways including 'bond', 'chemistry' and 'subconscious processes' (for the purposes of this research, this quality will be referred to as 'chemistry'). For some this appeared to be experienced as an immediate emotional reaction to the child and as something that participants perceived as beyond their control. The presence or absence of this quality in the relationship is hypothesised as instrumental in other areas of the relationship between



foster carer and child, including their response to difficulties such as challenging behaviour, decisions relating to continuing or ending placements and contact with the child after the official end of a placement. Perspectives on contact after the end of a placement varied and this appeared to be associated with the participant's feelings for the child and their expectations of their role.

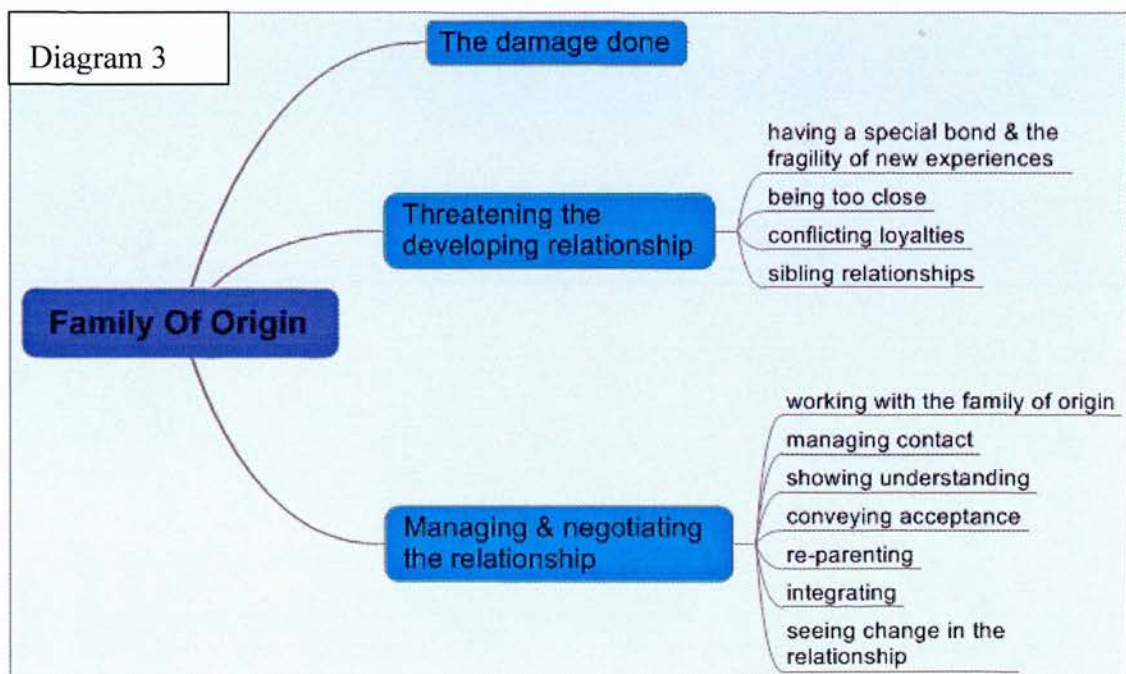
The relationship between foster carer and child is reciprocal and a further important aspect of this category relates to participants' perceptions of the child within the relationship and the visible or tangible part of 'chemistry'. These aspects of the relationship are hypothesised as being a source of feedback and reward for participants. For some participants in this study, it seemed that the perception of the child as being 'genuine' or 'false' was related to their feelings for the foster child. Where a child was perceived as 'genuine', participants appeared to experience a stronger relationship with the child. Conversely, experiencing the child as 'false' seemed to present as a barrier within the relationship. The presence of affection within the relationship and the experience of 'connecting' with the child seemed to represent the visible or tangible aspect of the 'chemistry' and appeared to be experienced as source of pleasure. It is also suggested that the foster carers' expectations of the child, their role and their relationship with the child influence the perceived importance of the affective aspects of the relationship.

The following sections outline the areas that participants described experiencing as relevant to their relationship with the foster child. However the argument throughout these sections is that although each of these categories impact upon the relationship and may be experienced by foster carers as a threat or support in sustaining their relationship with the child, 'chemistry', where it exists, overrides these factors.

### 3.2 Family of origin

This category relates to participants' perceptions of the child's family of origin (birth family), the influence they exert over the child, and the consequences of this for the relationship between participant and child (see diagram 3). Participants also spoke about the ways in which they managed or negotiated the child's relationship with the family of origin. The family of origin was something that all participants described experiencing as an issue in their relationship with a foster child.

Most participants described the family of origin as exerting a strong negative influence on the child during early development, frequently made reference to the impact of the abuse upon the child and drew upon this as one of the main explanations for the child's current difficulties. However, participants also found that they had to balance this against the child's need or wish for contact with the family of origin and the possibility that the child may return to the family of origin.



### 3.2.1 The damage done

The idea of the 'damage' done to a child by the family of origin is evident throughout participants' descriptions and the perceived impact of the family of origin is often referred to in particularly emotive language.

because there is no child that comes into care, (mm-mm) who is undamaged even the new born ones are damaged in some way (mm-mm) (R7)

When I saw the , saw the damage that she was able to do in such a short time (mm-hm), and how well he'd been doing up till then, cos she'd been away at that point and comeback after a few months (right) and that was quite harrowing to see him (1 sec) go back (right). (R3)

Most participants described contact with the family of origin as a source of the difficulty for the child and as impacting in some way upon the relationship between foster carer and child.

In particular, some participants attributed difficulties with the child's behaviour to the impact of contact.

quite drastic effect (drastic) yeah, yeah erm, (1 sec) his temper tantrums would increase (mm-hm) and em because they would put contact up for her you see and she wouldn't come a lot of the time (R10)

In relation to witnessing contact with the family of origin, some participants described perceiving the family of origin as unreliable and as rejecting the child.

So he cried apparently, he just broke down when Gran didn't want him back. I mean that was a terrible thing to do to him (yeah)...they used to go from here to School (uh-huh) and go to lunch with Gran every lunchtime. And then Gran moved (2 secs) without telling them...and it was their cousin who said 'you can't go for lunch at Gran's today

because shes not there'. ..So that was a bit difficult (yeah) we were really really cross about that (yeah). You just don't do that (no), you just don't do that. (R1)

For some participants, implicit in the perception of contact is the idea that birth parents have the power to turn the child into what they need them to be, putting their needs above those of the child.

Or then he'd go away for a weekend with his mum and come back, (2 secs), he'd been sent into care (mm-hm), and as far as she was concerned he was the bad boy, he was to blame for all her problems, and thats why she'd put him into care (right) So she'd made him back into the bad boy when she had the weekend, and made him to blame for everything again (R3)

However there was some variation in participants' perceptions of the family of origin and for some, contact was viewed as less of an issue. In one case, the foster child had no contact with the family of origin, however the possibility that this may happen in the future was a source of concern.

And hes asking where his mother is and nobody knows so people are trying to find that out as well (yes yes). Well I think he wants to know, he wants to know where she is ... I don't know that its appropriate that he should have contact with her (right ok) cos that's the other big question yeah. (R2)

For another participant, contact seemed to be experienced as less of a source of difficulty. However this participant also described viewing an important part of her role as being to help to return children to their family of origin and, for her, this represented a significant source of reward.

No we just came in to help people through a crisis (ahh) have their children for whatever time it took and to see them back as a family unit (okay)...She went home she's doing great, she'll be 6 and she's a wee survivor, still surviving but she's doing fine. (R8)



One participant described having a particularly strong bond with the child, and in this case the relationship with the birth parent and their influence over the child was perceived to be less strong and less of a concern for the participant.

Gary wanted to see his mum, but it was more to make sure that she was all right. Em she has never really, I don't think he really looked on her as his mum after a while (mm-hm). She was still part of his family, but he just had to know she was all right. (R5)

### **3.2.2 Threatening the developing relationship**

#### *3.2.2.1 Having a special bond & the fragility of new experiences*

Some participants appeared to view the relationship between foster child and the birth parent as being particularly potent and strong. There is a sense that within the space of a couple of hours, the birth parent is able to undo years of 'work' or progress made within the placement. In this way the birth parent is perceived as able to exert a stronger influence than all of the positive experiences accumulated whilst in foster care.

it could be quite hard, cos you'd built the child up, you'd spend a month or so, building child up til he's confident again and happy again, and he goes away from weekend and he comes back (mm-hm), completely shattered again, and you start again, build him up (uh-huh), build him up (yeah) and I found that really hard to begin with. (R3)

In the following extract the participant describes the impact of contact on a child during which the birth parent tells the child information that the foster carer and social worker had felt the child should not know.

And I thought 'sheesh', y'know what I mean, how it had set us back something terrible... Ye ken and that bairns sat there right and he was in a world of his own (2 secs) between taking money off of folk', was it, all what she done that day (uh-huh) must internally, I don't know what it did, (R4)

One participant explicitly states that the bond between a maltreated child and their family is stronger than that between a non-maltreating parent and child, something which appears to be implicit in other interviews.

they do have a special bond with their parents and they love their parents more (mm-hm) or they have that bond and they'll do more for them, protect them, whatever more so than my children (right) would would do for me (ok) and they would walk over hot coals to protect them (right) if their parents em, I don't know what they have to do (mm-hm) to sort of make them wake up to the what is it, smell the coffee (laughs) if that's the right expression. Umm and I don't know if they ever will (R9)

For some participants who had continued their relationships with the foster children beyond the end of the foster placement, the birth parents continued to create difficulties for the young person into adulthood. In the following extract the participant describes the family of origin's role in the young person's relationship difficulties'

But his mum and dad are the ones thats encouraging it all (right) and I think, well stirring to a certain extent. His mum gave him her engagement ring, to give the girl well, it wasn't that girl it was three girls back (R6)

One participant described using the strong bond between and influence of the birth parent in a positive way. For example where the child continued to have strong relationships with the family of origin, one participant described being able to use this influence to good effect and as a way of gaining support for coping with difficult behaviour.

if there's been a time that he has being you know, needing a proper talking to, because his mum, he loves his mum to bits, you know (uh-huh), his mum (Maggie) is the be all and end all (uh-huh) of Johnny's (foster child) life. And if Maggie says Johnny you shouldn't have done that (uh-huh). Then you know that really y'know that really clicks with Johnny (R5)

### *3.2.2.2 Being too close*

Some participants described feeling that when a foster child remains close to their background, this can present as a barrier to forming a relationship with the child.

In the following extract, the participant describes the proximity to the family of origin as inhibiting the development of the relationship between herself and the foster child.

their closeness with her mum, y'know, I mean, they're local boys, which means that they're attached to friends and family that's nearby to them, so we don't have that actual you don't have that actual attachment (R6)

This participant goes on to compare this situation with past experiences where the child had no contact with the family of origin, and the expectation of the placement was to provide a 'new family' for the child. The participant felt that this had helped in establishing a relationship with the child.

Well, the younger one he came when he was seven so he didn't know his parents he had no contact (right) so we were meant to be basically, his family. We were the new family for him, and that's how we wanted it to be, no holds barred he was part of the family everything worked round about him (mm-hm) and he fitted in well, y'know, everything was done with him. (R6)

### 3.2.2.3 *Conflicting loyalties*

Some participants perceived the child's feelings of loyalty to the family of origin as having the potential to impact upon the child's relationship with the foster carer. Conflicting loyalties could lead the child to act in a way that participants seemed to construe as rejecting.

Against me er the mum figure seems to get the worst of it I think....Yes I've found that quite a lot because it is divided loyalties obviously because of his mum (R6)

In the following extract the participant describes the situation improving as the child's feelings of loyalty and protectiveness reduced.

he was also very protective of his mum, but once we got over that hurdle it was actually a very good placement (uh-huh) (R8)

Some participants described seeing the child attempting to please both the family of origin and the foster carers.

And that's what we would pick up on (2 secs) trying to divide herself into 2 (mm-hm) .. she wanted to stay us as it was her comfort zone, but she couldn't let her mum down (R7)

In the following extract, the impact of 'divided loyalties' is perceived as creating a 'false self' in which the child tries to please both the foster carer and the birth parent.

I think that its he's been between the devil and the deep blue sea really he wants to please us to make sure everything is going okay and he wants to please his mum so I don't know how much of it is the real Ben. (R9)



#### *3.2.2.4 Sibling relationships*

Relationships between siblings presented particular areas of concern or difficulty for some participants. When siblings were placed together, some foster carers observed parentified behaviour and viewed this as something requiring intervention. One carer also found that this affected the normal or expected 'parent-child' relationship.

because she had looked after Robbie (uh-huh) , she felt that it was still her job to look after him (mm-hm) , and quite often, whatever you said to him Tracey said 'no he can't do that or no don't ask him to do that or he shouldn't be doing that and he can't do that' (R5)

Where conflict exists between siblings this can be a source of strain for carers. The participant quoted below described the behaviour of one foster child towards his brother (Paul) as impacting upon the way she feels about him.

I'm beginning, because of his behaviour towards Paul (foster child's brother), I don't even like him (R4)

### **3.2.3 Managing and negotiating relationships**

Despite the participants' own feelings about the family of origin, they described ways in which they managed these to facilitate child's relationship with the family of origin.

#### *3.2.3.1 Working with the family of origin*

Some participants described positive experiences of working with the family of origin. In particular, some participants felt that where they were able to work with the family of origin, this lessened the issue of conflicting loyalties and the child's distress.

because her mum was happy with it that she didn't see us as a threat (mm-mm) that we worked well with mum (mm-mm) and gave her her place, then I think that helped Kelly settle in easier as well (R7)

and I just always tried, tried to stay friendly with her eh and try no to cause conflict between me and her (right) em. How I sorta see it is my sister and her first husband separated when their son was quite young (right), erm (1 sec) and I seen how they tore him between the two of them eh (R10)

### *3.2.3.2 Managing contact*

Some participants felt that it was important to have clear arrangements for contact. However some identified ways of managing contact when this was not the case.

But we wanted this done properly and not just them phoning up and saying can we have the boys and all the rest of it, everything was all laid out properly, so it was working out quite well on that side of things (mm-hm). (R6)

Em so I maybe shouldn't do this but when she phones to talk to him (mm-hm), most of the time he is out playing, but sometimes I just say 'he's in the shower' or whatever, because I think no I'm no not going through that and it's not fair to Chris either because he is settled here (mm-hm) and he's quite happy. (R5)

### *3.2.3.3 Showing understanding*

Some participants related the birth parent's behaviour to having experienced trauma or adversity in their own lives and identified this as a factor that may impact upon the birth parent's ability to parent.

Can't relate to that way of thinking no not really (uh-huh). But then I accept it because we don't know what sort of life she's had (uh-huh) or what she's had to cope with in the past or. (R1)

In the following quote, the participant describes her perceptions of the foster child's birth mother.

I would say she was still 13 (right ok) mentally and emotionally and had never moved on in her own life (mm-hm). And she was just a child still herself and (2 secs) (R3)

#### *3.2.3.4 Reparenting*

For some, the solution would be to take both parent and child into the foster placement and 'reparent' the birth parent.

and it was maybe the best thing that could have happened if she could've moved in, we could've looked after her as well (uh-huh) (R3)

there are some mums that, that you feel that might be a better option, (ah-hah) not just to take the child, but to take the mum and the child and do some work (right) (R7)

#### *3.2.3.5 Conveying acceptance*

Despite their own feelings of ambivalence and struggles with the family of origin, some participants described making an effort to communicate their acceptance of the family of origin and the child's relationship with them to the child.

But its family so you have to accept it (right) and you've got to relay that to, however you're feeling about it you've got to relay to them that, 'well y'know they, they want to have you, they want to care for you, and they are your family (mm) (R1)

Some participants described conveying their acceptance of the family of origin through making reference to the family, reminding the child that the family of origin loves them and through encouraging contact.

and we have never ever spoke bad about his mum (yeah), we always made excuses for her, encouraged him y'know with the visits with his mum and different things (R6)

In the following quote, the participant describes avoiding conflict with the birth parent, despite her own feelings.

Sam had terrible nightmares (uh-huh) crying for his mum and erm so that was difficult (mm-hm), hearing a wee boy lying next door (yeah) crying 'mummy mummy mummy' eh, and I mean you couldnae console him... so they were difficult times (yeah) and they are things I could have had conflict with her about eh (R10)

In the following extracts the participants describe putting their own feelings aside in the best-interests of the child.

we were trying to do, if we had done what was right for us, (mm-mm) we would have just have put up a huge fight and said "not, your no getting her back, you can have as much contact as you, as you like, but your no having her back" (ah-hah) but taken that step back and saying "is this what she wants" (yeah) (R7)

and that's what I can't stand I get angry at that (right) because he's coming and saying mum's doing this, mums doing that and I 'll say oh that's really great if that's what she's doing but how I could I really say oh that's really good if I know deep down that its not ever going to happen (mhh) but how can I turn round and shatter his illusions about his mum. (R9)

### *3.2.3.6 Integrating*

One participant described using integration with the family of origin as a way of managing relationships with the family of origin.



tried to integrate as much into his family (mm-hm), as well, tried to be there and spend some time with his aunt and sort of go out (mm-hm) with his cousins and stuff or (yeah), show that y'know it's okay to still have (uh-huh) this family, and that's your family (right ok) and we accept that y'know, you need this family too (mm-hm). Although you're trying to fit into ours as well, be a part of ours (R3)

#### *3.2.3.7 Seeing changes*

As indicated earlier, some participants described witnessing changes in the child's relationships with the family of origin, and for the participant quoted below this related to a strengthening of their relationship with the child

I: ...Ok is there anything that's kind of happened or that you've seen in the boys that has made you go, 'oh right ok I can see that that's about their (mm) attachment (mm), or how they are doing in terms of their relationship with me' ?

R: Yes, it's mainly I think its the main example that I'll use again is when the eldest didn't want to go back to his Grans again, (yeah) (R1)

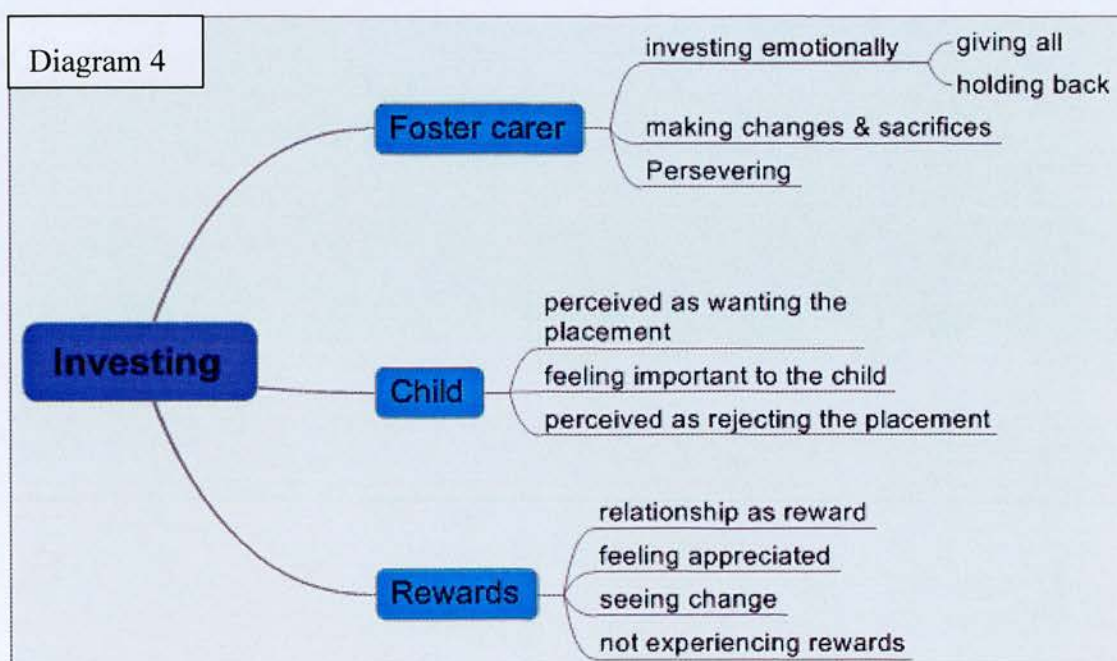
#### **3.2.4 Summary**

The family of origin is perceived as influencing the foster carer's relationship with child in a number of ways. In this study it seems that the family of origin can be experienced as exerting a powerful 'damaging' influence on the foster child. Participants described having a sense of a 'special bond' existing between birth parent and child, which can counter any gains made by the child during their time in foster care. This may detract from the sources of encouragement that participants described experiencing such as seeing the child develop, helping to make a difference to the child's life and forming a relationship with the child (for more detail please refer to 'investing', section 3.3). Participants described managing these difficulties in a number of ways, with the aim of minimising the child's distress. Despite the similarities across accounts, there was variation within the participants' experiences and perceptions of the family of origin and it is suggested that this is

associated with other aspects of the relationship, including the participants' expectations (for more detail, please refer to 'expectations', section 3.4).

### 3.3 Investing

This category relates to participants' perceptions of their investment in the child and how this is manifested (see diagram 4). The second main aspect of this category refers to what determines or influences the extent of investment and includes participants' perceptions of the child's investment in them and the rewards gained from fostering. The extent to which foster carer 'invests' in the child is hypothesised as being linked to sustaining the relationship.



#### 3.3.1. Foster carers: Investing emotionally

Emotional investment refers to the extent to which foster carers described being emotionally available and involved with the child. The extent of the investment varied and seemed to be related to a number of other factors outlined in later

sections. Some participants described a wish to provide love for the child, described the child in ways that suggested a belonging or 'claiming' of the child whereas others describing making less of an investment, and in some cases 'holding' back from the relationship. Participants described two experiences in relation to investing emotionally; 'giving all' and 'holding back'

### *3.3.1.1 Giving all & Holding back*

Giving all refers to participants' descriptions of allowing themselves to give a lot of themselves emotionally to the child, without holding back.

...I've got love to give people (uh-huh) then I'll be quite willing to open my house up to (yeh) take on board...but I suppose its because I have a big heart (right) (R9)

Gary is mine, Gary has always been mine em since he first came here.  
(R5)

This contrasts with participants who described themselves as 'holding back' emotionally. For some this was an intentional strategy, but for others 'holding back' was a consequence of the children being fostered and not birth children and was not experienced as an intentional strategy.

In the following extracts the participant compares her response to seeing her foster child go through an operation with some of the parents who were also in the hospital.

Yeah yeah (right) erm but other mothers were there and they were in floods of tears and that eh, where I could compose myself and go in help him get his anaesthetic and that, come out (mm-hm) er go down the stairs get something to eat and that. Where I feel if he was mine I couldn't do that (oh right ok) (R10)

For this participant, this was a consequence of not being related to the child and did not seem to represent an intentional strategy.

I mean I dinnae have (coughs) the feelings that a mum would have (mm), I can't, I cannae...because I've never gave, ken I've no carried him, I've no gave birth to him (right ok) so I think (R10)

For other participants, holding back represented an intentional strategy serving a number of functions. In the following quote, the participant describes feeling that 'holding something back' is an 'unconscious' consequence of knowing that the placement could end and as being necessary to be able to let the children go. For her this differentiates between the feelings she has for her own family and those she has for the foster child.

Because you would be losing it, it would be like a bereavement thing (uh-huh) (1 sec) if, if you were giving everything I think (mm-hm). So I think you can't be. I think subconsciously you must be keeping a bit back (mm-hm) although you're, you're treating them like your family, you're bringing them up like your family (2 secs) and (1 sec) there just must be that something (yeah) that one day, they're gonna go. (R4)

Some participants described trying to manage the developing relationship with the child through intentionally 'holding back', but found it difficult to prevent themselves from becoming emotionally involved.

I'd had her from Hospital until she was 15 months (right) and she went to adoption (mhh) and it broke my heart (did it) absolutely broke my heart (did it) and in fact she's two today and I've just been on the phone and every time I see her I love her more right (really) so all this detachment or whatever sorry (shaking head) (R8)



In the following quote the participant describes deliberately trying to 'hold back' to protect herself should the child be returned to the family of origin.

Just because I have to realize that he will be going back or he could go back to his mum (mhh) and I think that's part of it that he's not mine and no matter how long I have him he'll never ever will be mine (okay) ...there's no reason why you can't still have a relationship but keep yourself detached from it (ahh) and that's what I've tried to do (yeh) but its not easy (R9)

One participant described experiencing 'holding back' from the relationship as a source of guilt and unease as she felt that she should have been able to 'give everything'.

It felt like me personally had had let him down. Em I felt that I wasn't giving enough of myself, to Chris (uh-huh) you know and I think maybe that was more, what he wanted (R5)

The perceived importance of being able to 'give everything' is echoed by another participant who describes feeling that holding back would prevent the foster carer from 'giving their best' to a child.

I would think so, to (1 sec) to give them their, your best eh I suppose... Well I suppose you, I would think you would hold back even more eh if there was a clash of personality eh... No I wouldn't think that would be good for the child. (R10)

### **3.3.2 Foster carers: Making changes & persevering**

Participants described a number of experiences that seemed to represent ways in which they had invested in the child. The consequences of which included making significant changes to their lives, sacrificing valued parts of their lives, making time

and showing a degree of commitment and perseverance in the face of difficulties. Investing in these ways seemed to be important in terms of sustaining the relationship with the child, but also represented a source of strain for participants.

...I mean you totally change, have to change your life really (mm-hm), you not think. Well I do know that you don't do things that you might have done, I mean even for a night out, you've got to consider babysitters the lot, which at your time of life you wouldnae be doing, so to me you are giving up to try and give them, you do sacrifice then (R4)

So bedtimes, and then that goes on night after night after night (yeah) um and that's where y'know everybody's human and you get tired (mm-hm), after 4 or 5 nights of this, um you do get tired and that's I think where it's hard to, hard to sustain it and hard to maintain the relationship. (R2)

### **3.3.3 Child: Perceived investment**

The child's motivations and the extent to which they were perceived as 'investing' were described as being important to relationship. Where the child was felt to be motivated and willing to invest, this was experienced as conducive to forming positive relationships.

..he seemed to want to be in this family (right) and to be, to want to be close to me (R2)

This compares with the same participant's experiences with another foster child.

Its about investing in our family (yes), I think she probably didn't feel (1 sec) em (2 secs), maybe she didn't feel it was worth investing in our family (R2)

Where it was perceived that the child was unwilling to invest, this appeared to make things more difficult for participants and in the extract below, had led the participant to consider ending the placement.

Er just annoying, it was annoying er (mm) (2 secs), we, we think, we're proud of our set-up here and how we, how we do things, how we help kids on (yeah). Think if you're just gonna throw everything back in our face, we could be helping somebody else (right), that's how my husband sees it (uh-huh). We'll try this til he goes to high school, if hes no improved any of his behaviours (2 secs), be as well with somebody that doesnae care (mm-hm) whether hes going to get better or not (laughs) (right). We'll get someone that is going to try. (R3)

In the following quote, the participant compares foster children in terms of the extent to which she perceives them as making themselves available for relationships within the family. This corresponds with her perception of the relationship she has with each child.

but so he has done that (yeah), but he hasn't not done it with Alan, Alan just hasn't came in, hasn't interested (right) himself (ok) in these kinda things (uh-huh). Matt could be working on a motorbike or working on a car (mm-hm) in the garage, Paul will be there (right). Alans not interested (right) so Alan doesn't make himself available to be brought in (R4)

#### **3.3.4 Feeling important to the child**

Whether or not participants felt they were important to the child appeared to influence their feelings towards the child and their perceptions of their relationship with the child. Where participants felt needed, this appeared to correspond with finding it easier to 'bond' with the child.

cos he was always there, he was always at you, he was always everywhere (uh-huh) then you, maybe, I dinnae ken, he certainly needed you probably (right), he definitely needed you then at that point, I suppose he was always (2 secs), you always just had to be beside him (uh-huh). (R4)

Feeling important to the child seemed to be associated with perceptions of having a positive relationship with the child. In the following extract, the participant refers to children with whom they have developed positive relationships.

They worry what you think and (1 sec) change things that they've done wrong quickly before you come in cos you're going to say something about it er (right). They still look for your opinion and approval er ...No matter how many other people are there or there might be members of his family there, or teachers there that he gets on well or whatever, its to me. (R3)

### 3.3.5 Rewards

All participants described experiencing rewards from fostering, and it seemed that this may influence the extent to which the participants were able to invest in a child. Sources of reward included the relationship with child, feeling appreciated and seeing change.

In the following extract, the participant explicitly states the importance of rewards.

you need that to cope with the behaviour, (m-mm) other wise it's just hard slog (yeah) and it's, you need a bit, you need a wee bit of reward, don't you? Even if it's a chink, you need, you need them at some point to, to say or do something that you feel, I'm making a wee bit of difference here (R7)

Other sources of reward included feeling appreciated and seeing the relationship with the child.

And her social worker said 'thank you so much for what you've done for her, you've given memories, given her memories (uh-huh) that will last her the rest of her life'. And she comes back. (R1)



aye (4 secs), it feels good to have built these relationships up (uh-huh) although at the time (laughs) you maybe didn't know (2 secs) (right), you were doing well and it was working (R3)

Witnessing change and improvement was also experienced as rewarding.

Y'know that way em there has been an improvement, he certainly has no, no facial tics or no, you know, no abnormalities that were there (mm-hm) when we first got him. Hes certainly a lot happier hes doing a lot better at school, (R5)

....At school they say he goes in hes a really happy normal boy (mhh) whereas before he had the weight of the world on his shoulders (okay) so there's something that I'm doing. (R9)

### **3.3.6 Lacking rewards**

Some participants described failing to see progress or appreciation. This seemed to be associated with feelings of disappointment and discouragement. For some, the possibility that a child may make an allegation against them was experienced as a barrier within the relationship and as something that could precipitate the breakdown of a placement.

and having lots of problems it it all backfired. Because we got landed with it (uh-huh) and then you don't get your thanks at the end of the day, for it y'know, they come to you, they want help, when you give them help, then they just away, turn their backs. (R6)

...hes starting shouting things like 'you've hit me all my days' and I went 'I what', 'yeah you've hit me all my days' and I goes 'oh for goodness sake Alan' and I never have (uh-huh) right, I never have. ....and the fact that Alan, Alan says things and if I ever got into trouble for anything that Alan said, see I wouldnae be forgiving that way y'know (mm-hm), I would not be forgiving. Like theres foster carers thats got kids (mm-hm) that's made allegations against them and things like that right, and then they go through all this horrendous way of doing it they have, to find out that its not been true (right) and they take these kids back... I wouldnae

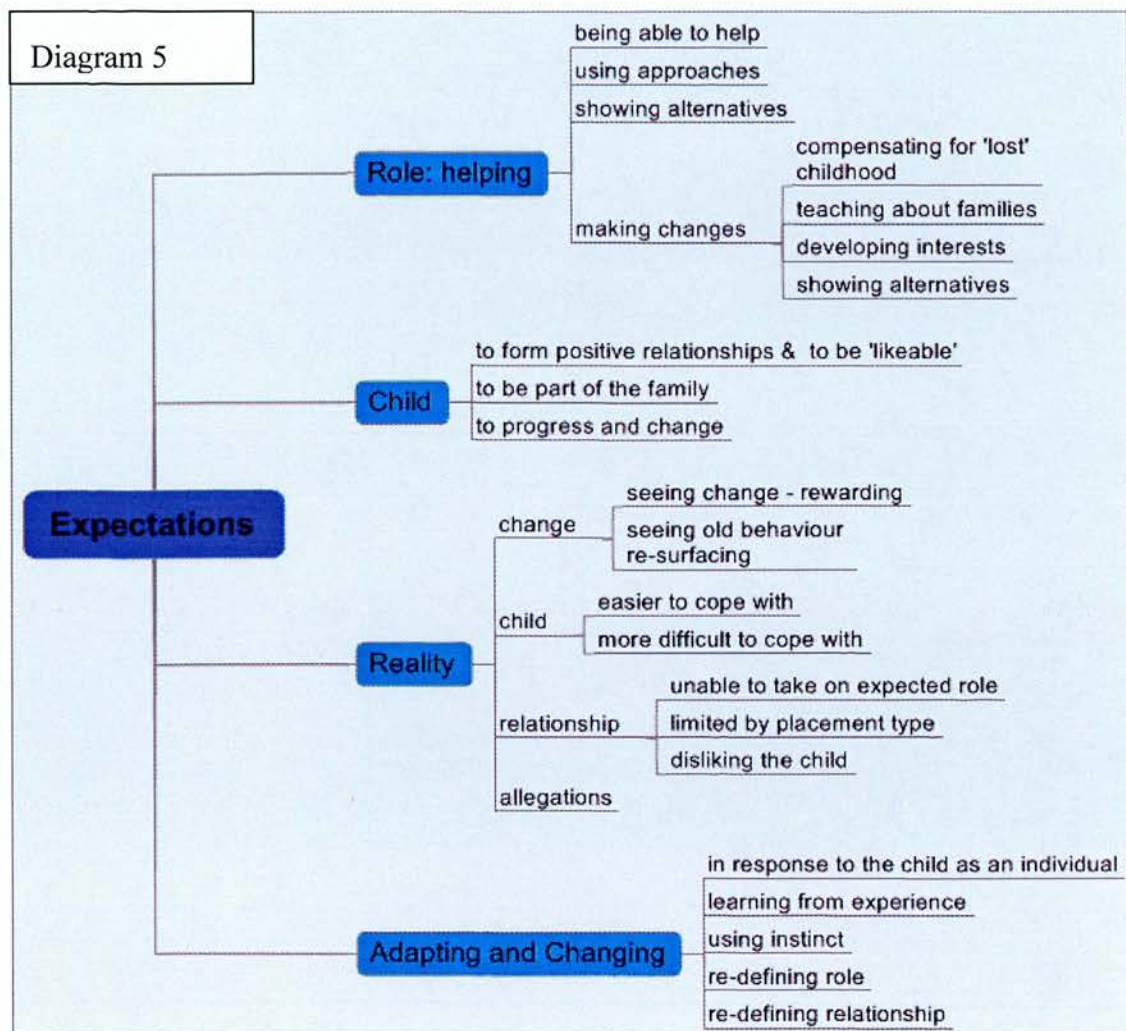
do it.... you do sacrifice then. So if you're doing that then for (1 sec)  
anything to be said that was not true (R4)

### **3.3.7 Summary**

This category relates to the extent to which foster carers 'invest' in a child and the placement. Participants described making an emotional investment in the child as well as well as making 'effort' for the child in the form of making space in their lives for the child and the child's needs. The extent to which participants invested in the child seemed to relate to perceptions of the child's investment in them as well as the presence of elements that were experienced as rewarding. Where the child was experienced as not investing and where there was an absence of rewards, this seemed to be experienced as discouraging and is hypothesised to lead to reduced investment on the part of the foster carer. Where participants found themselves able to invest significantly in the child, this tended to be associated with the presence of 'chemistry' within the relationship and it is hypothesised that this is a significant factor in the investment relationship.

## **3.4 Expectations: of self, role and child**

This category refers to participants' expectations of themselves, their role and the foster child. Expectations are presented as influencing the participants' relationships with foster children in number of ways including how they define their role, the expectations stemming from this (including hopes and fears), and how these compare with the reality of fostering. This represents a large category with a number of different subcategories (see diagram 5), therefore only some aspects of this category are described within this section and the main focus is on the way in which the participants' expectations evolve over time.



### 3.4.1 Expectations of role

One of the main 'role expectations' that participants described concerned 'helping'. One of the main ways in which participants described 'helping' was through showing the child alternatives to the way of life witnessed when living with their family of origin.

we really would like Mary, to have more than what her birth family are having (mm-mm), we don't want her to be a young unmarried mother

(yeah) we don't want her to grow up thinking that it's ok no to have a job (mm-mm) it's ok to walk the streets (R7)

Participants also described having expectations of their relationship with the child.

But I think there was always maybe that other bit of me that was thinking you know that he'd going to come in and its going to be really quite good, have the fun that you had with your children (right) and have the relationship, I think (ahh) you know (okay) it was not in my conscious mind right at the front to say that when this child comes its going to be this that and the other. (R9)

### **3.4.2 Reality**

Participants described finding it difficult when they did not see the hoped for change or progress.

and despite it being a year of intensive work with her (mm-hm) she still doesn't trust us and that is quite hard (uh-huh) (R8)

However sometimes the reality of the situation was better than anticipated and participants reported expecting to encounter difficulties, which were not borne out. This expectation often related to expecting difficulties with the child, and then finding the child easier than anticipated.

He's just a lovely young man (ahh) and it's just a shame that he's been put through the shit that he has been through (mhh) you know. He would come in and we would be well mannered and he would do everything to please you (right) you know and yet when I hear the stories I think this isn't still the same boy that you hear the stories about. (R9)

Some participants found that their expectations of the type of relationship they would have with the child were not always possible, for example taking on the role of the mother.



and I think maybe that was the problem (uh-huh) because I wanted to be a mum to her immediately (ok) and Tracey wasn't ready for that to happen (uh-huh), em and I think that was what y'know. (R5)

Participants described finding it hard to accept that they could have negative feelings towards the foster child.

I just didn't and I couldn't believe it and I was told well you can't sort the world you can't love every child (ahh) but the first time because I thought you find something nice in every child but no I didn't. (R8)

### **3.4.3 Adapting expectations**

In response to the realities of fostering, participants described way in which they adapted and changed. Some participants stressed the importance of not having any expectations of the child, particularly of not expecting the child to be like their own child and the need to bear in mind the child's history and experiences.

Erm (2 secs) it's just a matter of taking, I don't think, I think the thing is not to have any expectations of the child (right). If you have no expectations (uh-huh), if you don't expect anything from them, it's much easier. If you're expecting things from them, I've found it quite difficult realising that you can't treat them like your own child and have all these expectations that you have of your own child. Cos you've been with your own child since they popped out of the womb. So these children, they are learning your way, a lot later, and how they should behave a lot later so don't, don't have expectations of them (R1)

As described earlier, participants described expectations associated with their role. However this appears to be a dynamic process that evolves in response to a number of factors including challenging behaviour and the relationship they feel they have with the child.

In the following extract, the participant describes providing a ‘holding placement’ for a child and explains that this developed in response to the challenging behaviour displayed by the child. This type of placement appears to involve the provision of care with less emphasis on emotional or relational aspects of the placement.

We felt we were a holding placement, y’know, its not lawful to let him go out on his own yet so someones got to watch him til he goes (uh-huh). If its not us it’s a residential unit, so we’ll hold onto him, manage his behaviours er because hes sort of 15, hes never in the house anyway (right) er. (R3)

Redefining expectations of their role and redefining their relationship with the child seemed to allow participants to continue with the placement, and to meet their perceptions of the child’s needs. An example of this relates to opting to view fostering as a job. Redefining the role in this way held different meanings for participants. In the following extract the participant describes redefining her role in response to her feelings for a child.

And I said ‘well if I look on it as a job, probably I could do it, but I don’t know if I’m ever going to like him now’ (mm-hm). But thats up to them to know that, y’know what I mean (R4)

For the participant quoted below, redefining her role represented a means of coping with the emotional demands of fostering.

and I got to the stage where I just can’t take any more, it was something that had happened but I can’t actually remember the incident and I just couldn’t take any more (mhh) and it was a case of look I have to sort of look at this and say right this is a job (mhh) I have to do the job (right) (R9)

However, not all participants perceived this as a helpful or positive development. In the following extract the participant considers leaving fostering in response to her feelings of 'doing a job'.

I did write in my resignation and you're the only person that knows that em I never ever told by social worker, I never told my link worker (mm-hm) I wrote the letter and I put it in a drawer and its still down there as a matter of fact (right), and that was that was through Chris you know, it was getting too much like a job (uh-huh) and that's not what we want (R4)

### **3.4.4 Summary**

The expectations held by participants appeared to be fluid and evolved in response to individual foster children, participants' experiences and history, and the situations that participants found themselves in. Therefore, although there were similarities across accounts, the role of expectations in participants' relationships with foster children would appear to be a highly individual and dynamic process.

## **3.5 Researcher's position**

### **3.5.1 Clinical work & fostering**

Given that my current clinical work involves trying to build relationships with traumatised children, I had wondered to what extent my experiences overlapped with those of the foster carers. One of themes within my reflective diary related to the emotional impact of working with traumatised children. At times I did struggle with some of the feelings that I was left with and this made me wonder about the emotional impact of looking after traumatised children on a daily basis. During the course of my clinical work I was struck by ways in which children had reacted to me, sometimes in ways that I had not anticipated and that was dissonant with my own identity as a 'helper'.

‘felt awful, like if I’d fulfilled his expectation that I was someone to be scared of’

In this way my own feelings and experiences did overlap with the findings of the research in that participants’ expectations of their role and relationships with foster children seemed to influence how these relationships were experienced. However, the reflective journal was useful in terms of keeping track of my own experiences and expectations and, in this way, increased my awareness of ways in which I may import ideas from outwith the data.

### **3.5.2 Dual role**

Before starting the research, I was aware that I could occupy a ‘dual role’ and that there may be tension between the two parts of the role. This is something that is documented in existing research and raises issues relating to the roles of clinician and researcher, fusion of the role, and the ways in which this may impact on the research (e.g. Koch 2006). Issues associated with a dual role did become relevant, although not in the way I had anticipated (i.e. being drawn into consideration of clinical issues relating to the child within the research interview). However I did find that at times that it was difficult to shake off the clinical role and, in the following example, I feel this did affect the interview. In this case I had found a particular aspect of a participant’s experiences difficult to hold onto and my focus had shifted to a more ‘clinical’ train of thought. Within the excerpt, the question asked by the interviewer does relate to the topic under discussion but the potentially interesting idea of ‘instincts’ was almost missed (although the participant did refer to it again later in the interview). However, having an awareness of this reduced the likelihood of responding a similar way in future interviews.

Respondent: so, we don’t often use these instincts (mm-mm) because sometimes we don’t understand them I think

Interviewer: yeah, but in hindsight it sounds like it would have been useful to know about the background, em did you know about their background at all



## **4 Inferential Results: Hypothesised Processes**

In this section the findings are considered in relation to hypothesised processes within relationships. These inferences form the basis of some of the implications of this research outlined in the discussion section.

One of the main findings of this research related to participants' experiences of an emotional connection with the child, explained variously as 'chemistry', a 'bond' or 'just something'. This aspect of the relationship is hypothesised as being central to participant's experiences of their relationships with foster children. Where this part of the relationship is present, participants described experiencing a strong positive relationship with the foster child. At the other end of the spectrum, participants described experiencing strong feelings of dislike for a child. The nature of these feelings and the way in which they were explained were similar to those used in relation to the positive feelings described i.e. a lack of 'chemistry', an instant reaction to the child that participants struggled to overcome and understand. Where these feelings were present, they were experienced as an important part of the relationship between foster carer and child. Participants struggled to explain or define this affective quality however within this section, existing psychological theory is used to develop hypotheses in relation to this aspect of the relationship between foster carer and child.

### ***4.1 Relational trauma & defences***

As described earlier (see section 1) looked after children and young people are at increased risk of having experienced trauma in the context of attachment relationships through experiencing severe 'misattunement', abuse or neglect. Schore (2001) describes this as 'relational trauma'. The experience of relational trauma can lead to a fear of closeness with others as well as undermining the capacity to use relationships as a source of safety (Howe 2005). At the core of relational trauma is the thought that the attachment figure does not care and protect but hurts and frightens, and it is against this that the child defends themselves (in allowing this

thought into awareness, the child risks becoming overwhelmed by fear) (Howe 2005). Given the threat that close relationships may present for a child, the defensive strategies developed in the context of early experiences with attachment figures are employed in future relationships and may continue into adulthood. This is of relevance when considering foster carer's experiences and responses in relationships with foster children. For example discomfort with the child's attachment needs or cues may create anxiety in the foster carer, prompting them to respond in a defensive way. This may be particularly relevant where parents or carers have histories of trauma and loss (e.g. Howe 2005).

The child's attachment related defences involve strategies aimed at controlling relationships. These strategies include attempts to dominate all attachment-related interactions, self-reliance and compulsively compliant behaviour. The child may use more than one of these strategies (Howe 2005). However the child's defences are 'fragile' and may breakdown under stress, leading to overwhelming feelings of distress and dysregulation (Howe 2005). Therefore when faced with attachment related situations or cues, the child may show a range of behaviours (relating to the use of defences and the collapse of those defences), switching between 'organized controlling strategies' and 'disorganized out-of-control behaviour' that seem unpredictable, confusing and inexplicable to those witnessing the behaviour (Howe 2005, p63). Dissociation may also form part of the child's defences and has the potential to impact upon how the child appears to others and how they are experienced in relationships i.e. when dissociating, the child may appear detached, blank or 'spaced-out' (Allen, 2001). Howe's description of 'segregated representational systems' is also relevant here. Howe (2005) suggests that difficult and overwhelming information about the self and attachment figure exists in 'separate unintegrated, multiple and incoherent mental representational systems' which function to keep this information out of consciousness (Howe 2005, p57). The development of these systems in response to the experience of relational trauma could lead to what may be perceived as different identities or personalities;

At any one point, a personality is dominant that is useful to the situation, and the others often are protected from awareness of what is occurring. No one personality has full control of the psyche.

(Sroufe 2003, p411)

Therefore, the child's behaviour has the potential to bewilder and confuse foster carers, and they may struggle to develop a coherent sense of the child and their 'personality'. In this way, foster carers may experience the child as in some way 'unreal' or 'false'. This, combined with foster carers' expectations of the relationship with the child, perhaps based on their own attachment experiences, has the potential to lead to difficulties in the relationship between foster carer and child.

#### **4.2 Chemistry & projection**

The following section hypothesises that a foster carer's immediate, instinctive reactions to foster children can be understood in relation to the interaction between the child's attachment-related defences and the foster carer's defences.

As described earlier, compulsive compliance within relationships represents one way in which a child may cope with relationships. However, this may mean that the child is experienced as bringing little of themselves to the relationship and the foster carer may find it difficult to gain a sense of the child's personality. The psychodynamic concept of the 'blank screen' (e.g. Freud) may be relevant in understanding the way in which this may impact on the developing relationship between foster carer and child. The concept of the blank screen is used within 'classical' psychoanalysis and refers to the role of the therapist; the therapist takes a neutral, anonymous stance and brings very little of themselves to the relationship (e.g. Goldstein 1999). This is thought to allow the patient to transfer or project their feelings or thoughts onto the therapist (i.e. transference). Lemma (2003) provides the following definition of projection:

‘During projection what is inside is misunderstood as originating from outside of the self and is attributed to another person/source...we not only project feelings but also parts of the self thus leading to serious distortions of the recipient of the projection’

(Lemma 2003 p 212).

A similar process may occur in the relationship between foster carer and child, where the child is perceived as bringing little of themselves to the relationship and in this way may be experienced as a ‘blank screen’. In this manner, foster carers may project feelings or aspects of themselves onto the child. This may occur in relation to both positive or negative feelings or aspects of themselves.

Splitting refers to the process of keeping apart two feelings or thoughts as a form of defence against painful or unmanageable feelings. The process of projection enables the ‘split-off’ feeling to be located outside the self, and is experienced as being part of another individual. Therefore feelings or aspects of the self that the foster carers find anxiety-provoking or hard to manage are projected into the child. For example, the foster carer may bring expectations of the relationship i.e. of seeing change in the child or developing a certain type of relationship with the child. If these expectations are not met, this may lead to feelings of uselessness and failure in the foster carer. However these feelings may be projected onto the child so that it is experienced as the child thinking the foster carer is useless. This is hypothesised as provoking feelings of anger and distress in the foster carer which then feedbacks into the relationship with the child.

A second process that may account for the strong feelings evoked in participants in response to foster children relates to the projections from the child themselves and the process of ‘projective identification’. Hughes (1999) notes that looked after children can evoke strong feelings in those around them and that these may be understood in terms of the child’s projections of feelings of hopelessness and rejection. The strong emotional responses evoked in foster carers could perhaps be



understood in this way. For example, the child who has experienced abuse may be at risk of experiencing painful thoughts and feelings that they are unable to manage. In order to protect themselves the child may project these feelings onto another person i.e. the foster carer. The child then identifies the foster carer with the 'split-off' feeling and there is an 'interactional pressure' arising from the child with the unconscious aim of making the foster carer experience these emotions instead of the child (Lemma 2003, p214). This may create what Lemma terms an 'affective resonance' in the foster carer, whose emotions then become similar to those of the foster child (Lemma, 2003, p214). This process may also account for participants' feelings relating to a child being 'creepy' or 'weird', as this may represent the child's 'split-off' feelings about them themselves as a consequence of abuse.

### ***4.3 Emotional Investment***

Foster carers in this research described the impression that the child was not investing emotionally in the relationship, and may in fact be perceived as rejecting of the foster carer and their family. However, the perceived lack of investment may be attributable to the avoidant or ambivalent behaviour associated with insecure attachment. Additionally, the child's perceived difficulty in investing in and committing to the relationship with the foster carer may be linked to the development of identification with aggressor as a form of defence. For example, for a child who has experienced an abusive relationship with their parent, acceptance of the parental projection that they are bad and unlovable may be preferable to attempting to cope with the idea that parents have failed them or not protected them (e.g. Hughes 1999). Therefore the child may have an unconscious need to protect idealised versions of their parents and their relationship with their parents. If the child does invest emotionally in the relationship with the foster carer, this may threaten the 'idealised' version of the birth parents therefore forcing the child to acknowledge their parents cruelty towards them, and face the overwhelming feelings that this may bring. This process may also increase understanding of participants' perception of the 'special bond' between the child and their birth parents and the influence that the family of origin is perceived as exerting over the child.

#### **4.4 Summary**

The inferences within this section are concerned with the suggestion that unconscious processes (defences) play a role in foster carers' experiences of relationships. This included consideration of ways in which the child's attachment-related defences and the foster carers' defences may interact. The implications this may have for clinical practice are explored in section 4.

## 5 Discussion

The present study set out to explore how foster carers experienced relationships with foster children. The aims of the study included the following; to explore foster carers' subjective experiences of relationships with foster children and to develop a set of hypotheses and theory based on the experiences of these participants. A set of interrelated categories were constructed from foster carers' accounts of their experiences of relationships with foster children including one core category: sustaining the relationship, and seven principal categories: 1) family of origin; 2) investing; 3) expectations; 4) making sense and understanding; 5) challenging behaviour; 6) the role of foster family, and 7) the role of systemic factors and other professionals. Each principal category is hypothesised as representing an aspect of the participants' experiences that impact upon their experiences of relationships with foster children. The categories are presented as interdependent and connected with a number of the other categories.

The core category and three principal categories (family of origin, investing and expectations) are discussed below. These categories seemed to represent the most influential categories in terms of the meaning and importance they seemed to hold for participants and the way in which they explained aspects of foster carers' experiences of relationships with foster children.

In the following section, the categories are linked to existing research representing one form of triangulation (Dallos & Vetere 2005). Much of the literature cited in this section refers to placement outcomes, rather than the relationship between foster carer and child and two concepts do not always correspond. This however represents one of contributions of this current study to existing research as it provides rich information relating to the experience of the relationship from the perspective of the foster carer, and suggests a fluidity within the relationship that in some respects is

independent of whether a placement continues or ends. For example, participants in this study described experiencing positive relationships that continued beyond the end of the placement and reported finding ways of adjusting to difficulties within relationships enabling them to continue with the placement.

This section makes use of two sets of studies in particular; two large-scale studies carried out by Sinclair and colleagues (Sinclair et al, 2004; Sinclair et al, 2005) and Schofield and colleagues (Schofield et al 2000; Beek & Schofield 2004). In contrast to this current research, which does not make any hypotheses or suggestions in relation to outcome, both sets of studies make links between the relationship between foster carer and child and the outcome of the placement. The decision to focus on these studies was based upon the following; a stated focus on the relationship between foster carer and child, the inclusion of detailed accounts of some aspects of foster care, and the use of qualitative data in the analysis. Please refer to appendix 8 for a brief description of these studies and a summary of the areas of overlap and difference between these studies and this current research.

### ***5.1 Sustaining the Relationship***

A central theme running through the categories is the existence of an indefinable affective quality within the relationship that sustains the relationship with the child in the face of significant difficulties and challenges. Foster carers referred to this quality as 'chemistry', 'bond' or 'just something' but struggled to define it any further. This aspect of the relationship was experienced as an immediate feeling for, or sense of, the child. The same indefinable quality was described as accounting for strong negative feelings towards the child i.e. a sense of the chemistry being wrong. Within the inferential results section, this affective quality of the relationship is hypothesised as being the result of unconscious processes and defences of both foster carer and child. The chemistry between the foster carer and child seemed to constitute an important part of whether the foster carers felt positively towards a



child. However, other factors were also important in terms of feeling positively towards the child and included perceptions of the child's investment and the availability of expected sources of reward.

Challenging behaviour represented a significant difficulty for participants in this research however other aspects of the relationship seemed to enable participants to cope with the difficulties this may otherwise have presented for the relationship. This corresponds with research evidencing the difficulties that challenging behaviour can present for foster carers (Rushton et al, 2003; Sinclair et al 2005) as well as research suggesting that 'good' relationships between foster carer and child help in coping with difficulties (e.g. Hodges & Tizard, 1989). However 'good' relationships in these studies appear to be conceptualised as static or fixed variables, whereas the findings of the current study suggest there may be greater complexity involved in defining and developing a 'good' relationship.

The importance of the positive feelings within the relationship between the foster carer and the child is reflected in exiting research. For example, Lipscombe et al (2003) report that researcher's impressions of the extent to which a foster carer appeared to like the young person was found to be important in terms of the quality of parenting provided by the foster carer. However this provides little insight into what 'liking' constitutes, and this is where qualitative approaches can enhance understanding through providing rich descriptions of the experience of 'liking'. The findings of this research suggest that a foster carer's 'liking' for a foster child is a complex relational process in which a whole range of factors come into play (i.e. perceptions of chemistry, rewards and investment and the ways in which these factors interact).

Sinclair et al (2005) describe a model of placement outcome that includes aspects of the relationship between foster carer and child and proposes that outcome is dependent on the characteristics of the child, foster carer, the context of the

placement and how these factors interact. Some of the features of the model overlap with the findings of this research (for a summary of this please refer to table in appendix 8). However, this current study highlights the fluidity of the process and the way in which the different aspects of the relationship interact and evolve. For example, challenging behaviour was described as presenting considerable challenges for participants. However, the impact of the behaviour on the relationship was heavily influenced by a number of different aspects of the relationship including 'chemistry', investment, the extent to which participants were able to make sense of the behaviour and their expectations, all of which are fluid and evolve in relation to each other.

One of the other main differences between existing research and this study relates to the emphasis given to the 'chemistry' between foster carer and child (e.g. Sinclair et al 2005). Within this research this quality is given a central place in the relationship and is one of the important factors constituting the foster carers 'liking' of the child. Whereas in existing literature 'chemistry' is acknowledged but is given less prominence and is described within the context of factors increasing the likelihood of a positive placement outcome (Sinclair et al 2005). This difference is perhaps attributable to differences in methodology and focus between the two studies.

## **5.2 Family of origin**

For participants in this research, the child's family of origin were viewed as having a powerful influence on the child and in some cases represented a threat to their relationship with the child. Problems associated with contact with the family of origin is a common theme in a number of studies, and in this respect the perceptions of participants in this study regarding contact with family of origin resonate with existing literature (e.g. Sinclair et al 2004, 2005; Moyers et al, 2006). However this current study underlines the importance of foster carers expectations and beliefs in relation to the family of origin and draws attention to some of the ways in which foster carers may experience the family of origin e.g. as undoing the 'good' of the

foster placement and as presenting difficulties in their relationship with the child. As described in section 4, some participants perceived the child as having a particularly strong bond with the family of origin, and this could be experienced as a source of frustration and difficulty. However, as noted earlier, this may represent the child's idealisation of the family of origin, which may constitute an important defence for the child.

Foster carers in this present study described seeing parentified behaviour between siblings, or a tendency to 'stick together' which could distance them from the rest of the family and impact upon the extent to which they integrated with the rest of the family (although this represented a relatively minor concern, when compared with other issues). However, placing siblings together is commonly regarded as desirable, and it has been suggested that children placed with siblings are less likely to experience a placement breakdown than those placed apart. Sinclair and colleagues conclude that siblings in foster care can provide an important source of support for each other (Sinclair et al, 2005).

### **5.3 Investment**

Foster carers in this research described the ways in which they invested in the child and what influenced their ability to do this. Participants described investing emotionally, making sacrifices and persevering (making sacrifices and persevering representing the degree of investment). Factors influencing the amount they felt able to invest included the extent to which they perceived the child as investing in them and whether fostering was providing some sense of reward.

Existing research supports the existence of these issues for foster carers. For example, the foster carers in the study carried out by Sinclair et al (2004) reported that fostering can impact on leisure time and reduce the time available for other things. Similarly, the types of reward highlighted as important in this current research correspond with those reported by Sinclair et al (2005) and include rewards

gained from helping others, using skills and responding to need, and the feeling of contributing and leading useful lives. Conversely, sources of strain included the sense that they were unable to make a difference and sense of uselessness (Sinclair et al, 2005). Additionally the extent to which the child was perceived as being 'motivated' was noted as a factor influencing outcome within Sinclair's outcome study, which again corresponds with factors identified by participants within this research (Sinclair et al, 2005). Beek and Schofield (2004) also suggest that the child's behaviour within the relationship can impact upon how a foster carer feels within the relationship, noting that where a child appears 'needy' the carer may feel overwhelmed and try to cope with this by limiting availability and distancing themselves from the child. They report that where foster carers were experiencing an 'unsatisfying' relationship with child, they may retreat physically and emotionally (therefore reducing further the likelihood of providing a secure base for the child associated with good outcome).

This current research highlights the potential importance of the investment relationship and sources of reward to foster carers. However the findings suggest that again, this is an evolving process that interacts with other aspects of the relationship. For example, a lack of 'investment' on the child's part or failing to see rewards in the form of change, was not identified as an issue where participants described experiencing 'chemistry' within the relationship. The way in which foster carers react and behave (and the extent to which they invest – emotionally and behaviourally) may reflect the presence or absence of these factors in the relationship.

Although these factors are clearly important to these participants, the extent to which this is acknowledged by those working with the foster carer and child is unclear. This has implications for practice as children in foster care may struggle to invest in relationships with foster carers and may respond to the experience of a caregiving 'relationship' in unexpected ways that foster carers may find difficult to cope with. Similarly, foster carers may expect to see a level of change or progress that the child



is unable to achieve. These may be factors that workers are not aware of, and that for foster carers are implicit. Again this highlights the importance of exploring foster carers' expectations of their relationship with the child and the rewards they would hope to gain from fostering.

#### **5.4 Expectations**

The category of expectations related to participants' expectations of themselves, their role and the child. At times, participants' expectations were not met and this was managed in a number of ways i.e. through adapting their expectations and role, sometimes involving explicitly attempting to re-define their relationship with the child. When participants' expectations were met, this was experienced as a reward and a source of encouragement. For some participants there seemed to be some tension between their expectations of their role and the wider system's expectations of their role. The influence of expectations on the relationship with the child corresponds with existing research. For example, Beek and Schofield (2004) report foster carers' expectations of their relationship with foster children may influence the type of relationship formed.

Participants' expectations were fluid and evolved in response to their experiences and their relationship with the child. In this way 'expectations' constituted a complex category, in which it was difficult to establish clarity. However this may be a reflection of some of the complexity and tension that carers experience in defining their role and expectations, and combining their personal views and wishes and those of the wider system. There were similarities in participants' accounts of their expectations and how these had evolved and changed over time, however there were also a number of differences which is perhaps unsurprising given the inherently personal nature of expectations as developed in the context of past experiences of relationships and stemming from their own attachment experiences. The following section relates the expectations described within this study to existing research as

well as some of the issues that exist within current policy in relation to the role of foster carers.

The possibility for ambiguity and tension in the role of a foster carer is acknowledged in existing research literature and is highlighted by Sinclair et al who note that

‘a curious feature of foster carer is the degree to which it is both natural and professional, demanding a degree of what may be described as dispassionate love’.

(Sinclair et al 2005, p130).

Some of the conflicts experienced by participants in relation to their role may reflect the expectations stemming from the current social and political environment. Sinclair et al (2004) make the point that studies in the 1970s emphasised the extent to which foster carers saw themselves as parents, not as temporary carers, and that contact with the family of origin played a minimal role in foster children’s lives. However the introduction of the Children Act (1989), with its emphasis on the need for greater involvement of family of origin, meant that foster carers were no longer expected to bring foster children up as their own but instead were to share the care of the child with the birth parents and avoid the alienation of children from the family of origin (Sinclair et al 2004).

Kirton et al (2006) suggest that in the past, difficulties with foster care have been attributed to foster carers’ (perceived) wish for an ‘adoptive relationship’ with the child resulting in the exclusion of birth families. They argue that this led to attempts within policy to establish firm boundaries between adoption and fostering and the roles associated with each. However, recent research carried out by Kirton et al (2006) suggest that the boundaries between the two continue to blur and that for some, foster care does lead to adoption. Therefore, it would seem that the personal wishes and motivations of foster carers do not always fit with prescribed role. This

corresponds with the findings of this research as it suggests that the motivations of foster carers are not static, but evolve and change over time.

The demands that foster carers face and the strains upon local authority provision for looked after children have led to the proposal that fostering should be viewed as a profession. In this way, foster carers would become a highly trained workforce, able to meet the complex needs of looked after children (Hutchinson et al 2003).

However, the professionalisation of foster care is not universally supported, and some researchers have noted that foster carers may now be instructed 'not to get too attached' to foster children prompting concern that foster carers may adopt a more functional approach to care (Berlin et al, 2005).

Within this study, participants perceived the relationship with the child as one of the rewards of fostering, and described experiences where they felt that the importance of their relationship with the child had been minimised or dismissed by professionals. What is unclear however, is how a move towards 'professional' foster care would interact with foster carers' experiences of relationships with foster children. Wilson and Evett (2006) suggest that this approach may not sit well with foster carers and describe concerns voiced by foster carers that financial compensation may compromise their relationship with the foster child

Further questions relate to whether changes in role and expectations would impact upon how the emotional involvement of foster carer and child is viewed, and the expectations that foster carers and others hold about this. Would there be an expectation that foster carers pay less attention to their emotional reactions and instincts, or would there be increased encouragement to take on and look after children they disliked? For some participants, the idea of 'doing a job' was invoked as a way of coping when experiencing difficulties in the relationship, therefore what meaning would fostering as a profession hold? Within foster carers' accounts there

was some indication that the emotional involvement and relationship between foster carer and child is not always acknowledged, and for some participants this was experienced as something that threatened their relationship with the child. Therefore would this perception or attitude develop further with a shift to professionalising foster care? It is beyond the scope of this research to comment on any of the issues raised above, but what the findings do suggest is that expectations of role do impact upon foster carers' experiences of relationships with foster children.

### ***5.5 Clinical implications***

The following section represents ways in which the findings of this research could inform clinical practice, and include issues that may be considered when working with, or providing training for foster carers.

If, as proposed in the inferential results section, 'chemistry' and associated concepts are the consequence of unconscious processes, this suggests a number of implications for practice. Chemistry was often defined by participants as something that is either absent or present, occurring randomly, beyond the control of the foster carer and the child. Where participants felt that they had a bond or chemistry with a child, this seemed to be associated with an ability to cope with the difficulties and challenges of fostering. However, when this element of the relationship is experienced as missing or 'wrong' in some way, and is referred to as 'chemistry' this implies that there is little scope for working further with this. If the chemistry is reconceptualised as unconscious processes, this provides something that can be explored. Therefore, if there is the opportunity for foster carers to recognise the processes within the relationship and increase awareness of what they contribute to the relationship with the child, this may help in lessening some of the strong negative feelings that can be evoked as a response to foster children. As suggested in the inferential section, 'chemistry' could be understood as a consequence of the child's projections and exploration of this with foster carers may be of use.



In relation to participants' experiences of the family of origin, it may be useful to explore some of the implications of attachment theory and relational trauma with foster carers, as the child's behaviour and distress following contact could be understood within these frameworks. In addition to this, consideration of some of the child's defences and the functions they serve may be useful. For example, an idealised version of the birth parent may represent an important defence for the child, and may in part account for the strong bond that participants perceived as existing between birth parent and child as well as influencing the extent to which the child is able to invest in the relationship with the foster carer.

As noted by Golding et al (2006) the evidence base relating to psychological interventions for looked after children is in its early stages. Within the literature that does exist it appears that parenting interventions, informed by behavioural and cognitive-behavioural approaches aimed at developing parenting skills and managing challenging behaviour, have received the most attention (e.g. Pallett et al 2002; Hill-Tout et al 2003; MacDonald & Turner 2005; Minnis & Devine 2001). The emphasis in these interventions is often on helping foster carers to understand and reflect on the child's behaviour and to develop ways of managing the behaviour. However the findings of this current study emphasises the importance of considering the foster carer's contribution to the relationship with the foster child and suggests that it may be more fruitful to view the foster carer and child as a dyad, rather than as two separate entities. Golding and Picken (2004) report encouraging preliminary results from a group intervention which incorporated an exploration of the role of foster carers' own attachment history. The Circle of Security Intervention and Dyadic Development Psychotherapy represent interventions that pay attention to the caregiver's state of mind with respect to attachment (Marvin et al 2002, Hughes 2004), however this current study suggests that further exploration of unconscious processes, in addition to those associated with attachment theory, could also be fruitful.

## **5.6 Methodological Limitations**

### **5.6.1 Sample**

The sample consisted of female participants, (and one male participant who contributed to parts of the interview with his partner) as only female carers opted into the study. The reasons for this are unclear however all participants identified themselves as being the main foster carer, and therefore it may have been the case that they felt best-placed to take part in the research. The topic itself may also have had some bearing on decisions to opt-in. Following discussion with colleagues it was also felt that, based upon clinical experience and the issue of which parents attend clinical appointments with the child, male carers may have been interested in participating however it may have been assumed that the female carer is the one whose input is required. Therefore male participants may have opted in, if they had been specifically asked to take part. The inclusion of male foster carers would perhaps provide a different perspective on the experience of relationships with foster children

The group of foster carers recruited and who opted to take part had all had, in some way, contact with the Centre for the Vulnerable Child however it is difficult to draw any conclusions about the characteristics or experiences of carers within this group. For example, it might be that carers had all had experience of caring for traumatised children who are experiencing difficulties, but the difficulty lies in drawing any conclusions about what the characteristics of these children may be and therefore what challenges they may present for carers, given the diverse impact that abuse and trauma experiences can have upon individual children. However, it is likely that in the course of their contact with the CVC, foster carers have been helped to understand the behaviour presented by the foster children and this may have influenced the way in which participants thought about behaviour and had an influence on the category 'making sense and understanding' (for more information relating to this category, please refer to appendix 7).

As with most qualitative studies the purpose of this research is not to make claims regarding the generalisation of these findings to other populations, but to illuminate the experiences of those who chose to participate. However it is important to be aware to whom the findings may be more widely applicable, and for this reason, information relating to the participants is included in appendix 2 and section 2.

### **5.6.2 Data collection and analysis**

Triangulation represents a means of accessing to different versions of the phenomenon (Flick, 1992). Within this study, existing research is used as a form of triangulation, however other types of triangulation may have extended the completeness of data and increased credibility or trustworthiness of the data and its interpretation. This research was carried out within the context of a clinical placement at the Centre for the Vulnerable Child, where the clinical work is informed by psychodynamic theory and concepts. The involvement of a second main researcher (investigator triangulation) may have provided a different perspective on the analysis. Discussion with peers was helpful in assessing credibility of analysis.

Data collection within this research was reliant on skills of interviewer and the willingness of participants to be open and candid. As noted in the results section, there are areas that could have been explored further within interviews and it would have been useful, had it been possible, to carry out follow-up interviews to explore areas in more detail at a later date (after having had the opportunity to review the interview in some detail).

One of the features of grounded theory relates to achieving theoretical saturation, where the researcher continues sampling until no new categories, or variation within

categories, are identified. However in relation to saturation, Willig states that:

‘theoretical saturation functions as a goal rather than a reality. This is because even though we may (and ought to) strive for saturation of our categories, modification of categories or changes in perspective are always possible’  
(Willig 2001, p35).

Strauss and Corbin (1998) acknowledge the practical constraints of continued data collection in terms of time and availability of participants, but add that ‘the researcher’s theory might not be fully developed in terms of density and variation’ (Strauss & Corbin, 1998, p292). Within this research new categories had ceased to be generated from the data, however it is felt that additional interviews could have developed existing categories such as ‘expectations’ further, and contributed to variation within categories.

This research was carried out using the principles of grounded theory. Willig (2001) suggests that given its explicit focus on participants’ psychological worlds Interpretative Phenomenological Analysis (IPA), may be judged as more suitable for studying psychological phenomena. However, Willig (2001) also notes that in practice there is considerable overlap between subjectivist version of grounded theory (focusing on participant’s perspectives, rather than social processes) and IPA as they both aim to provide a representation of an individual’s world view and draw upon similar methodologies. However within IPA, the interpretations are made earlier in the process and on reflection, it is felt that the procedures and techniques outlined in the grounded theory literature proved useful for this analysis.

### ***5.7 Implications for research***

This research represents a preliminary exploration and theory of foster carers experiences of relationships with foster children and as such, further research is



required. In particular, more specific ways of developing the research involve the recruitment and inclusion of male foster carers, looking further at the influence of placement type on the carers experiences (i.e. between long-terms and short-term placement) and further exploration of the role of foster carers' expectations. Alternatively, foster carers' experiences of relationships could be tracked, perhaps using a diary study in which participants use journals to record their experiences over time. A further way of extending this study would be to incorporate the Adult Attachment Interview to explore foster carers' experiences of relationships in relation to attachment status.

### ***5.8 Researcher's position***

Throughout the course of this research I was struck by the strength of the relationship that can develop between foster carer and child. All of the participants had experienced a relationship with a foster child that had been of great personal significance to them, and although I had started with the assumption that the relationship was an important part of fostering, I continued to be struck by the depth of feeling this could evoke. However, given my starting point (the assumption built into the research that the relationship is of importance) and the way it was presented to potential participants (the information sheet contains 'primers' relating to the importance of relationships and the existence of difficulties within this) it could perhaps be expected those who chose to participate would also view the relationship between foster carer and child as important. For me, this highlighted the issue of whether there are foster carers for whom the relationship is less important and how their experiences of relationships may differ from the participants within this research.

### ***5.9 Concluding statement***

The present study set out to explore foster carers' experiences of relationships with foster children and contributes to existing research documenting factors within the

relationship between foster carer and child. However the findings of this research highlight the complexity of the interaction between these factors and represents an initial attempt to bridge the divide between describing what constitutes a 'good' or successful placement and the experience of forming relationships and providing a placement for a foster child. This study begins to elucidate some of the variability in this experience for foster carers and highlights the importance of unconscious processes and exploring the foster carer's contribution to the relationship. It is beyond the scope of this study to comment on outcome, however this is something that could be explored in future research.

## 6 References

Ainsworth, M.D.S., Blehar, M.C., Waters, E., Wall, S. (1978). Patterns of attachment: Psychological study of the strange situation. Erlbaum, New Jersey.

Allen, J. (2001). Traumatic relationships and serious mental disorders. Wiley, Chichester.

Barber, J.G., Delfabbro, P.H., Cooper, L.L. (2001). The predictors of unsuccessful transition to foster care. *Journal of Child Psychology and Psychiatry*. Vol 47 (6), 785-790.

Barber, J.G., Delfabbro, P.H. (2003). The first four months in foster care. Psychosocial Adjustment, Parental Contact and Placement Disruption. *Journal of Sociology & Social Welfare*. Vol. 30

Barratt, S. (2002). Fostering care: The child, the family and the professional system. *Journal of Social Work Practice*. Vol 16 (2), 163-173.

Beek, M. & Schofield, G. (2004). *Providing a Secure Base in Long-term Foster Care*. BAAF, London.

Berlin, L.J., Ziv, Y., Amaya-Jackson, L., Greenberg, M.T. (2005). *Enhancing Early Attachments. Theory, Research, Intervention, and Policy*. Guilford Press, London.

Berridge, D. & Cleaver, H. (1987). *Foster Home Breakdown*. Basil Blackwell, Oxford.

Biehal, N., Clayden, J., Stein, M., Wade, J. (1992). *Prepared for living*. National Children's Bureau, London

Bowlby, J. (1951). *Maternal care and mental health*. World Health Organization, Geneva.

Bowlby, J. (1998). *Attachment and Loss*. Vol 3. Pimlico, London.

Bretherton, I. (1985). Attachment theory: Retrospect and prospect. In I. Bretherton & E Waters (Eds), Growing points in attachment theory and research. *Monographs of the Society for Research in Child Development*. 50, 3-35.

Carlson, A.E. & Sroufe, L.A. (1995). Contributions of attachment theory to developmental psychopathology. In D. Cicchetti & D.J. Cohen (Eds). *Developmental Psychopathology*, Vol 1, 581-617. Wiley, New York.

Charmaz, K. (2003). Grounded Theory. Objectivist and Constructivist Methods. In N.Z. Denzin & Y.S. Lincoln (Eds). *Collecting and Interpreting Qualitative Materials*. Sage, California.

Charmaz, K. (2006). *Constructing Grounded Theory. A Practical Guide Through Qualitative Analysis*. Sage, London.

Cicchetti, D. & Carlson, V. (1989). *Child maltreatment: Theory and research on the causes and consequences of child abuse and neglect*. Cambridge, New York.



Crittenden, P.M. (1988). Relationships at risk. In J. Belsky & T. Nezworski (Eds.) *The Clinical Implications of Attachment*. Lawrence Erlbaum, Hillsdale, NJ.

Crittenden, P.M. (1995). Attachment and psychopathology. In S. Goldberg, R. Muir, J. Kerr, (Eds.), *John Bowlby's attachment theory: Historical, clinical, and social significance*. The Analytic Press, New York.

Dallos, R., Vetere, A. (2005). *Researching Psychotherapy and Counselling*. Open University Press, Buckingham.

Daniel, B., Wassell, S., Gilligan, R. (1999). *Child Development for Child Care and Protection Workers*. Jessica Kingsley, London.

Delaney, R.J. (1998). Fostering changes. Treating attachment disordered foster children. Wood & Barnes Publishing, Oklahoma.

Department for Education and Skills. (2005). *Statistics of education: Children looked after in England 2003-2004*. Department for Education & Skills, London.

Downes, C. (1992). Separation revisited. Adolescents in foster family care. Ashfield, Brookfield.

Doyle, C. (1997). Emotional abuse of children: Issues for intervention. *Child Abuse Review*. Vol 6, 330-342.

Dozier, M. Stovall, K.C., Albus, K.E., Bates, B. (2001). Attachment for infants in foster care: The role of the caregivers state of mind. *Child Development*. Vol 52, 1467-1477.

Dozier, M. (2005). Challenges of foster care. *Attachment and Human Development*. Vol 7, 27-30.

Elliott, R. Fisher, C.T. & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*. Vol 38, 215-229.

Fahlberg, V. (1996). A child's journey through placement. BAAF, London.

Fees, B.S., Stockdale, D.F., Crase, S.J. et al. (1998). Satisfaction with foster parenting: Assessment one year after training. *Children and Youth Services Review*. Vol 20, 347-363.

Fenech Adami, M. (2005). The use of triangulation for completeness purposes. *Nurse Researcher*. Vol 12, 19-29

Flick, U. (1992). Triangulation revisited: Strategy of validation of alternative? *Journal of the Theory of Social Behaviour*. Vol 22, 175-179.

Fonagy, P. (2001). *Attachment and Psychoanalysis*. Other Press, New York.

Glaser, B.G. & Strauss, A.L. (1967). The discovery of grounded theory: Strategies for qualitative research. Aldine, Chicago.

Golding, K. Dent, H., Nissim, R. & Stott, L. (2006). *Thinking Psychologically about Children Who Are Looked After and Adopted: Space for Reflection*. Wiley, Chichester.

Golding, K., Picken, W. (2004). Group work for foster carers caring for children with complex problems. *Adoption & Fostering*. Vol 28 (1), 25-37.

Golding, K. (2003). Helping foster carers, helping children. Using attachment theory to guide practice. *Adoption & Fostering*. Vol 27 (2), 64-73.

Goldstein, W. N. (1999). Dynamically based psychotherapy: A contemporary overview. *Psychiatric Times*. Vol 16.

Hayden, C., Goddard, J., Gorin, S., Van der Speck, N. (1999). *State Child Care, Looking after Children* Jessica Kingsley Publishers, London

Flick, U. (1992). Triangulation revisited: Strategy of or alternative to validation of qualitative data? *Journal for the Theory of Social Behaviour*. Vol 22, 175-197.

Hazel, N. (1990). *Fostering teenagers*. The National Foster Care Association, London.

Hill-Tout, J., Pithouse, A., Lowe, K. (2003). Training for foster carers in a preventative approach to children who challenge. Mixed messages from research. *Adoption & Fostering*. Vol 27 (1), 47-56.

Hodges, J., Steele, M. (2000). Effects of abuse on attachment representations: Narrative assessments of abused children. *Journal of Child Psychotherapy*. Vol 26 (3), 433-455.

Hodges, J., Steele, M., Hillman, S., Henderson, K., Kaniuk, J. (2003). Changes in attachment representations over the first year of adoptive placement: Narratives of maltreated children. *Clinical Child Psychology and Psychiatry*. Vol 8 (3), 351-367.

Hodges, J. & Tizard, B. (1989). Social and family relationships of ex-institutional adolescents. *Journal of Child Psychology and Psychiatry*. Vol 30, 77-97.

Holmes, J. (2000). Attachment theory and abuse. A developmental perspective. In McCluskey, U. & Hooper, C. (eds). *Psychodynamic perspectives on abuse. The cost of fear*. Jessica Kingsley Publishers, London.

Holmes, J. (1993). John Bowlby and Attachment Theory. (The makers of modern psychotherapy). Routledge, London.

Howe, D., Fearnley, S. (2003). Disorders of attachment in adopted and fostered children: Recognition and treatment. *Clinical Child Psychology and Psychiatry*. Vol 8 (3), 369-387.

Howe, D. (2005). Child Abuse and Neglect. Attachment, Development and Intervention. Palgrave MacMillan, Hampshire.

Hughes, C. (1999). Deprivation and children in care: The contribution of child and adolescent psychotherapy. In M. Lannoyado & A. Horne (Eds.). *The Handbook of*



*Child & Adolescent Psychotherapy. Psychoanalytic Approaches.* Routledge, London.

Hughes, D.A. (1997). Facilitating Developmental Attachment. The Road to Recovery and Behavioural Attachment in Foster and Adopted Children. Aronson, Northvale, NJ.

Hughes, D. (2004). An attachment-based treatment of maltreated children and young people. *Attachment & Human Development*. Vol 6, 263-278.

Hutchinson, B. Asquith, J & Simmonds, J. (2003). 'Skills protect': Towards a professional foster care service. *Adoption & Fostering*. Vol 27, 8-13.

Iwaniec, D., Larkin, E. & Higgins, S. (2006). Research review: Risk and resilience in cases of emotional abuse. *Child and Family Social Work*. Vol 11, 73-82.

Jackson, S. & Simon, A. (2005). The costs and benefits of educating children in care. In E. Chase, A. Simon & S. Jackson (Eds.) *In care and after: A positive perspective*. London, Routledge.

Kenrick, J. (2000). 'Be a kid': The traumatic impact of repeated separations on children who are fostered. *Journal of Child Psychotherapy*. Vol 26 (3), 393-411.

Kirton, D., Beecham, J., Ogilvie, K. (2006). Adoption by foster carers: A profile of interest and outcomes. *Child and Family Social Work*. Vol 11, 139-146.

Koch, T. (2006). Establishing rigour in qualitative research: The research trail. *Journal of Advanced Nursing*. Vol 19, 976-986.

Krahn, G.L. & Putnam, M.. (2002) Qualitative methods in psychological research. In M.C. Roberts and S. S Ilardi (Eds), *Methods of Research in Clinical Psychology: A Handbook*. Blackwell Publishers Ltd, Oxford.

Lemma, A. (2003). Introduction to the Practice of Psychoanalytic Psychotherapy. Wiley, Chichester.

Lincoln, Y. S. & Guba, E.G. (1989). *Fourth Generation Evaluation*. Sage, London.

Lipscombe, J., Farmer, E., Moyers, S. (2003). Parenting fostered adolescents: Skills and strategies. *Child and Family Social Work*. Vol 8, 243-255.

Macdonald, G., Turner, W. (2005). An experiment in helping foster-carers manage challenging behaviour. *British Journal of Social Work*. Vol 35, 1265-1282.

Main, M. & Solomon J. (1990). Procedures for identifying infants as disorganised-disorientated during the strange situation. In M. Greenberg et al (Eds.) *Attachment in the in the preschool years: Theory, research and intervention*. Chicago University Press, Chicago.

Main, M. & Goldwyn, R. (1984) Predicting rejection of her infant from mothers' representation of her own experience. *Child Abuse & Neglect*. Vol 8, 203-217.

Marvin, R., Cooper, G., Hoffman, K. & Powell, B. (2002). The circle of security project: Attachment-based intervention with care-giver-preschool dyads. *Attachment and Human Development*. Vol 4, 107-124.

Maugham, A. & Cicchetti, D. (2002). Impact of child maltreatment and interadult violence on children's emotion regulation abilities and socioemotional adjustment. *Child Development*. Vol 73, 1525-1542.

McCann, J.B., James, A., Wilson, S., Dunn, G. (1996). Prevalence of psychiatric disorders in young people in the care system. *British Medical Journal*. Vol 313, 1529-1530.

Minnis, H., Devine, C. (2001). The effect of foster carer training on the emotional and behavioural functioning of looked after children. *Adoption & Fostering*. Vol 25 (1), 44-54.

Minnis, H, Everett, K., Pelosi, A.J., Dunn, J. & Knapp, M. (2006). Children in foster care: Mental health, service use and costs. *European Child & Adolescent Psychiatry*. Vol 15, 63-70.

Moyers, S., Farmer, E., Lipscombe, J. (2006). Contact with family members and its impact on adolescents and their foster placements. *British Journal of Social Work*. Vol 36, 541-559.

Newton, R., R., Litrownick, A.J., Landsverk, J.A. (2000). Children and youth in foster care: Disentangling the relationship between problem behaviour and number of placements. *Child Abuse & Neglect*. Vol 24, 1363-1374.

Packman, J. & Hall, C. From Care to Accommodation: The Implementation of Section 20 of the Children Act 1989. Stationary Office, London.

Pallet, C., Scott, S., Blackeby, K., Yule, W., Weissman, R. (2002). Fostering changes. A cognitive-behavioural approach to help foster carers manage children. *Adoption & Fostering*. Vol 26 (1), 39-48.

Potter, J. Discourse analysis and constructionist approaches: Theoretical background. In Richardson (Ed.). *Handbook of qualitative research methods*. British Psychological Society, Leicester.

Richters, J. E. & Waters, E. (1991). Attachment and socialization: The positive side of social influence. In M. Lewis & S. Feinman (Eds.), *Social influences and socialization in infancy* (185-213). Plenum Publishing Company, New York

Rowe, J., Hundleby, M., Garnett, L. (1991). *Child Care Now*. BAAF, London.

Rushton, A., Mayes, D., Dance, D., Quinton, D. (2003). Parenting late-placed children: The development of new relationships and the challenge of behavioural problems. *Clinical Child Psychology and Psychiatry*. Vol 8 (3), 389-400.

Rutter, M. (1999). Psychosocial adversity and child psychopathology. *The British Journal of Psychiatry*. Vol 174, 480-493.

Sandelowski, M. (1986). The problem of rigor in qualitative research. *Applied Nursing Science*. Vol8, 27-37.



Schofield, G., Beek, M., Sargent, K. & Thoburn, J. (2000). *Growing Up in Foster Care*. BAAF, London

Schofield, G. & Beek, M. (2005). Risk and resilience in long-term foster care. *British Journal of Social Work*. Vol 35, 1283-1301.

Schofield, G. & Beek, M. (2005). Providing a secure base: Parenting children in long-term foster care. *Attachment & Human Development*. Vol 7, 3-25.

Scottish Executive (2005). Statistics publication notice. Children's social work statistics 2004-2005. Edinburgh, Author.

Schore, A. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*. Vol 22, 201-269.

Sellick, C., Thoburn, J. (1996). *What works in family placement? – Summary*. Barnardos.

Sinclair, I., Wilson, K., Gibbs, I. (2005). *Foster placements. Why they succeed and why they fail*. Jessica Kingsley Publishers, London.

Sinclair, I., Gibbs, I., Wilson, K. (2004). *Foster carers. Why they stay and why they leave*. Jessica Kinglsey Publisher, London.

Social Exclusion Unit. (2003). A better education for children in care. Social Exclusion Unit, London

Solomon, J. & George, C. (1999). *Attachment disorganization*. Guilford Press, London.

Sroufe, J. (2003). Commentary: Comprehending the incomprehensible. *Attachment and Human Development*. Vol 5, 409-414.

Sroufe, L.A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment & Human Development*. Vol 7 (4), 349-367.

Steele, M., Hodges, J., Kaniuk, J. (2000). *Experience of Parenting Interview*. University College, London.

Stovall, K. & Dozier, M. (1998). Infants in Foster Care: An Attachment Theory Perspective. *Adoption Quarterly*. Vol 2, 55-88

Strauss, A. & Corbin, J. (1998). *Basics of Qualitative Research. Techniques and Procedures for Developing Grounded Theory*. Second Edition. Sage, London.

Triseliotis, J. Walker, M., Hill, M. (2000). *Delivering Foster Care*. BAAF, London.

Utting, W.B. (1997). *People like us: The report of the review of the safeguards for children living away from home*. Stationery Office Books, London.

Van Ijzendoorn, M.H. (1995). Adult attachment representations, parental responsiveness and infant attachment: A meta-analysis on the predictive validity of the Adult Attachment Interview. *Psychological Bulletin*. Vol 177, 387-403.

Willig, C. (2001). Introducing qualitative research in psychology. *Adventures in theory and method*. Open University Press, Buckingham.

Wilson, K. & Evetts, J. (2006) The professionalisation of foster care. *Adoption & Fostering*. Vol 30, 39-47.

## Appendix 1



## **Search strategy**

### ***Search terms***

- Relationship & Foster care/foster child/foster carer
- Attachment & Foster care/foster child/foster carer

### ***Databases***

- British Nursing Index, 1996-2006
- Embase, 1996-2006
- Ovid Medline, 1996-2006
- Psychinfo, 1985-2006
- Social Work Abstracts, 1977-2006

Relevant journals were also searched by hand, including *Adoption & Fostering*

Cited references within articles were followed up.

An article alert was set-up using 'MIMAS ZETOC' for recently published articles.

## Appendix 2

## **Description of Participants**

35 recruitment packs were given out at training events and from this 3 foster carers opted into the research. Recruitment packs were sent to 10 carers whose children were receiving a service from the Centre for the Vulnerable Child and from this, 7 foster carers opted-in.

### ***Participant 1***

Jess is a 56 year old woman. She lives with her husband and has adult children who have now left home. Jess has now been a foster carer for 2 years and has provided placements for 6 children, 4 of these respite placements. For the past 18 months she has looked after 2 brothers, aged 7 and 11 years old. These placements started as respite placements but are currently being reviewed to become 'long term'. She is the primary carer.

### ***Participant 2***

Charis is a 50 year old woman. She lives with her husband and teenage son, and has older children who have now left home. Charis has been a foster carer for the past 4 years and in this time has provided a mixture of respite and longer term placements. She is currently looking after Fred who is 8 years old. Fred has been with the family for the last 3 years. The placement is long-term. Charis is the primary carer.

### ***Participant 3***

Jenna is a 37 year old woman. She lives with her husband and has no children of her own. Jenna has been a foster carer for the past 8 years and has provided a combination of respite and longer term placements for 6 children. At the moment she is looking after 2 boys, aged 15 and 10. Both placements are long-term. Jenna is the primary carer.

### ***Participant 4***

Adele is a 52 year old woman. She lives with her husband and has adult children who have now left home. Adele has been a foster carer for the past 15 years. Over the past 14 years Adele has provided a 2 long term and 8 respite placements. She is currently looking after 2 brothers Alan aged 13 and Paul aged 11. Alan and Paul have been with her for 10 years and the placement is permanent. She is the primary carer.

### ***Participant 5***

Kyla is a 61 year old woman. She lives with her husband and has adult children who have now left home. Kyla has been a foster carer for 22 years and in that time has fostered 38 children for a mixture of respite, temporary and longer-term placements. She is currently providing a placement for Chris aged 10, Danny aged 12, and Gary who has who has now 'aged out' of the care system but continues to live with Kyla and her husband. Gary has lived with Kyla and her husband for 11 years. She has fostered Chris and Danny for 3 years and 15 months. Both of these placements are long-term. She is the primary carer.

***Participant 6***

Eve is a 56 year old woman. She lives with her husband and has adult children who have now left home. Eve has been a foster carer for 12 years and has provided placements for 11 children, 7 of which were respite placements. For the past 18 months she has been looking after 2 brothers aged 14 and 16. She is the primary carer.

***Participant 7***

Jill is a 55 year old woman. She lives with her husband and has adult children who have now left home. She has been a foster carer for the past 15 years. In the past Jill has provided placements for 35 children, some respite and some longer-term. She is currently looking after Mary, an 11 year old girl, whom she has looked after for 9 years. She is the primary carer. Jill's husband contributed to some parts of the interview.

***Participant 8***

Sarah is a 48 year old woman has been fostering for 7 years. She lives with her husband and has adult children who have now left home. In the past Sarah has fostered a total of 19 children, providing a mixture of respite and longer term placements. She is currently looking after Julie, an 11 year old girl and Jack who is 11 months. Julie has been with Sarah for over a year and Jack for 6 weeks. She is the primary carer.

***Participant 9***

Beth is a 54 year old woman. She has been a foster carer for a year and for that year she has fostered one boy, Ben, who is now 13 years old. She is a 'short-term' foster carer and the current placement is open-ended. She lives with her husband and has 3 adult children who have now left home. She is the primary foster carer.

***Participant 10***

Phyllis is a 44 year old woman. She has been a foster carer for 3 years and is currently looking after Sam, who is 8 years old and Jen who is a week old. Sam has been with her for 3 years and the placement is in the process of changing from short-term/temporary to permanent. She is single and has no children of her own. In the past Phyllis has provided respite care for 2 children.

## Appendix 3



**Fife & Forth Valley Local Research Ethics Committee**

Room 507  
Hayfield House  
Hayfield Road  
KIRKCALDY  
Fife  
KY2 5AH

Telephone: 01592 643355 Ext 8976  
Facsimile: 01592 648142  
L1704 05/S0501/125

28 December 2005

Miss Naomi Melson  
Trainee Clinical Psychologist  
Centre for the Vulnerable Child  
5 Campsie flats  
Lynebank Hospital  
Halbeath road  
DUNFERMLINE  
KY11 4UW

Dear Miss Melson

**Study Title : Foster carers' experiences of developing and maintaining relationships  
With foster children who have experienced abuse**  
**REC Ref : 05/S0501/125**

Under Chairs' Action authority, I give a favourable opinion to the changes noted in your letter dated 15 December, 2005.

Please however, change the word "with" under paragraph (3) of the Consent Form to "will".

Yours sincerely

**Robert Buchan**  
**Chair**  
**Fife & Forth Valley Local Research Ethics Committee**



Ms Naomi Melson  
Centre for the Vulnerable Child  
5 Campsie Flats  
Lynebank Hospital  
Halbeath Rd  
DUNFERMLINE  
KY11 4UW

Date 22nd March 2006  
Your Ref  
Our Ref 05/S0501/125  
Enquiries to Aileen Yell  
Extension 3327  
Direct Line 01383 623623 Ext 3327  
Fax No 01383 627066  
Email aileen.yell@fahf.scot.nhs.uk

Dear Ms Melson

**Project Title: "Foster carers' experiences of developing and maintaining relationships with foster children who have experienced abuse"**

Thank you for your application to carry out the above project.

Your project documentation has been reviewed for resource and financial implications for NHS Fife Primary Care Division and I am happy to inform you that Management Approval has been granted, subject to all necessary Ethical approvals and Honorary Contracts being in place.

Details of our participation in this study will be included in quarterly returns to the National Research Register and annual returns we are expected to complete as part of our agreement with the Chief Scientist Office. The enclosed Research Registration Form has been prepared and should be checked, signed and returned (in the enclosed SAE) to the R&D Office, Queen Margaret Hospital, Whitefield Rd, Dunfermline KY12 0SU. If you have any questions or need further information contact Moira Imrie, Research Coordinator on: 01382 420079 or at m.imrie@chs.dundee.ac.uk

May I take this opportunity to remind you that all research undertaken in NHS Fife is managed strictly in accordance with the Research Governance Framework (RGF) and should be carried out according to Good Clinical Practice (GCP). In order to comply with the RGF, the R&D Office are required to hold copies of all study protocols, ethical approvals and amendments for the duration of this study.

You will also be required to provide information in regard to monitoring and study outcomes, including a lay summary on completion of the research. I would like to wish you every success with your study and look forward to receiving a summary of the findings for dissemination once the project is complete.

Yours sincerely

Dr Stella Clark  
Acting Medical Director

Cc : Moira Imrie, Research Co-ordinator, Primary Care Division, Stratheden Hospital, Cupar



## Appendix 4

# NHS

Fife

Centre for the Vulnerable Child  
No 5 Campsie Flats  
Lynebank Hospital  
Halbeath Road  
DUNFERMLINE KY11 4UW

Telephone: 01383 565363  
Fax No: 01383 565363  
E-mail: [SharonGill@fife-pet.scot.nhs.uk](mailto:SharonGill@fife-pet.scot.nhs.uk)

Our Ref: NM/HR  
Enquiries to: Mrs Helen Rosie

**CHILDREN 1<sup>ST</sup>**

23rd March 2006

Dear Sir or Madam,

I am a Trainee Clinical Psychologist currently on placement at the Centre for the Vulnerable Child and am writing to you regarding a research project that may be of interest to you. The main focus of the work at the Centre for the Vulnerable Child is with children and young people who have been sexually abused and this work frequently involves meeting with the foster carers looking after the child or young person. The team also offers a consultation service for foster carers and social workers, which provides an opportunity to explore currently difficulties or situations which seem difficult to resolve. At the Centre for the Vulnerable Child we have been aware for quite some time of the challenges that fostering may present and what we perceive as a lack of resources for supporting foster carers in coping with difficult situations. As an attempt to address this we would like to gain a better understanding of the experiences of foster carers, with a view to informing ways in which foster carers can be better supported.

I have an interest in the area of fostering and would like to meet with individual foster carers to discuss their experiences of fostering and, in particular, their experiences of forming relationships with foster children. These discussions would form the basis of the research mentioned earlier. The development of the relationship between foster carer and child is an area which has been researched previously but has not yet been studied from the perspective of the carer's themselves. It is hoped that the findings of the research will inform ways in which foster carers can be supported in this process and it is anticipated that the research will be of interest to carers who are themselves engaged in this process of establishing a relationship with foster children.

Please read the enclosed information sheet, which gives full details of the purpose of the study and what you will be asked to do should you agree to take part. If you decide that you would like to take part in the study, please complete the enclosed opt-in form (including your contact details) and return in the enclosed envelope to myself within two weeks. I will then contact you to arrange a suitable time and venue.



CHILDREN 1<sup>ST</sup>  
is the working name of  
The Royal Scottish Society for Prevention of  
Cruelty to Children  
Registered Charity No: SC016092

Local Council Manager: Mrs R. Scott

We are hopeful that this study will be useful to services and foster carers and would value your input.

Yours sincerely

**NAOMI MELSON**  
**TRAINEE CLINICAL PSYCHOLOGIST**



## Participant Information Sheet

### **Foster carer's experiences of forming relationships with foster children**

You are being asked to take part in research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like further information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

#### **What is the purpose of this study?**

Fostering is recognised as a challenging and demanding task. Research suggests that foster carers experience a number of strains and stresses whilst providing foster placements and there are a variety of ways in which foster carers can be supported by services. An important area within this is the development of a relationship between foster carer and child, however this area has not yet been studied from the perspective of the carer's themselves. This current study, which you have been asked to participate in, is an attempt to understand the experiences of foster carers in forming and maintaining relationships with foster children. The findings of the research will inform ways in which foster carers can be supported in this process and it is anticipated that the research will be of interest to carers who are themselves engaged in this process of establishing a relationship with foster children. The study will run from January 2006 to June 2006. If you agree to take part you will be asked to take part in a discussion lasting up to 90 minutes. This study is being carried out as part of an educational qualification.

#### **Why have I been chosen?**

You have been chosen as a potential participant as you are currently providing foster care for a child. Other carers have also been approached regarding participation in this research. Approximately 12 foster carers will take part.

#### **Do I have to take part?**

It is up to you whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part will not affect the standard of care you receive or any contact you have with the Centre for the Vulnerable Child.

#### **What will happen to me if I take part?**

You will be asked to take part in a discussion lasting up to an hour and a half. The discussion will be with Naomi Melson, Trainee Clinical Psychologist, and will (according to your convenience or preference) take place at a local NHS clinic or your home. Part of the discussion will be around your experiences of relationships with foster children. During this conversation you are free to say that you do not wish to answer particular questions. This discussion will be recorded using a digital voice recorder.

**What are the possible disadvantages or risks of taking part?**

It is unlikely that that study will cause you harm. However, it is possible that discussing your experiences of fostering may stir up some distressing emotions and thoughts. If you find this is the case for you, the interview will be stopped and support offered. Either I will arrange for one of the therapists from the CVC to meet with you or, if you prefer, I will spend some time exploring these issues with you. You will also be offered some follow-up support.

**What are the possible benefits of taking part?**

Participation in this study will provide an opportunity for you to highlight any issues that you feel are important and to discuss your experiences. The study is intended to increase understanding of foster carer's experiences with a view to informing the work of those working with carers.

**Will my taking part in the study be kept confidential?**

All information that is collected about you will be kept strictly confidential. Your decision to participate will remain confidential and will not be communicated to any other therapists from the Centre for Vulnerable Child (unless you wish to do so). The recordings of the discussion will be kept in a locked file drawer and will be erased once the discussion has been transcribed. The transcript of the discussion will be anonymised. Special care will be taken if particular autobiographical information could be recognisable. All of the research information will be kept in a locked file drawer. If the interview raises issues regarding risk and harm to the child confidentiality would be broken and the information passed onto relevant parties.

**What will happen to the results of the study?**

The results will be published in a thesis and stored at Edinburgh University Library, where you would be able to get a copy. The results may be published in a scientific journal. The results may also be presented to local services working with foster carers or local fostering groups. A summary of the research findings will be provided to individual participants if they wish. You will not be identified in any report or publication.

**Who has reviewed the study?**

This study has been reviewed and passed by Fife and Forth Valley Research Ethics Committee.

**Contact for further information:**

Naomi Melson  
Trainee Clinical Psychologist  
Centre for the Vulnerable Child  
5 Campsie Flats  
Lynebank Hospital  
Halbeath Road  
Dunfermline  
KY11 4UW

Telephone: 01383 565 363

e-mail: [NaomiM@fife-pct.scot.nhs.uk](mailto:NaomiM@fife-pct.scot.nhs.uk)

## **Foster carer's experiences of forming relationships with foster children**

I wish to participate in the above research.

**Signature**.....

**Name**.....

**Address**.....

.....

.....

**Contact Phone Number**.....

## Consent Form

### Foster carer's experiences of forming relationships with foster children

Researcher: Naomi Melson

Please  
initial box

1) I confirm that I have read and understand the information sheet dated 15/12/05 (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

☐

2) I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

☐

3) I understand that the discussion will be recorded.

☐

4) I agree to take part in the above study.

☐

.....  
Name of patient

.....  
Date

.....  
Signature

.....  
Researcher

.....  
Date

.....  
Signature



**Appendix 5**



I: Wraparound care.

R: Yeah we do everything around that child (uh-huh) and make sure all their initial needs are met

I: uh-huh. Em initial needs, what you mean by that.

R: Er make sure they er, they're getting washed, dressed, fed (uh-huh) they're going to be warm. All the things you do with the new baby (mm-hm). Er we're here from you, everything we do refers to us

I: Right everything they do refers to you

R: Yeah and everything we do sorta refers, is around them

I: Right, they're really the focus of the attention (yeah). Right so it's kind of like the two of you for that initial period. Yeah (yeah) right, okay. Can you think back to the very very first day and what that was like for you

R: Er, its, you become very nervous before they come (uh-huh). Its, its, it's not a new baby you're getting its its (uh-huh) a developed child, er they have their own opinions, their own ideas. Er they may come and think 'oh I don't like you, I'm not talking to you again' and go away to their room and cry. But er it's (2 secs) the initial smiling, em being cheerful and being relaxed (uh-huh) and calm and accepting anything they say to you as being okay. And just chatting away with whatever they want to say (uh-huh). Let them talk. Let them come out and ask them a bit about where they were staying before (mm-hm), what things they liked there and what things they didn't like there (uh-huh). Why they, well on that occasion where the child felt they wanted to move (uh-huh) em what he felt he was looking for.

I: Yeah, and in your experience, how does the child respond to that.

newborn baby!  
navig on approach

meeting needs  
navig on approach.

newborn baby  
navig on approach  
meeting needs  
notice child control.  
navig on approach  
navig on approach  
make child control.

navig on approach

feel nervous.  
false rejection  
child motivation  
active response  
first impressions.  
setting to know  
know me child!  
setting to know  
child.  
setting to know  
child + expectations  
wanting placement



R: It varies (uh-huh) (laughs), sometimes the child hasn't wanted to move (uh-huh), er and they've been dragged away from their previous carers and nothing you can say (uh-huh) can make that better. They're going through a grief cycle (uh-huh ok). They're upset, you're the Antichrist (laughs). I didn't want to come here. It's you to blame.

face of rejection  
wanting  
being blamed.  
age / first  
step child  
feeling respect

I: Has that ever happened to you.

R: Yeah that happened with this second, the 10-year-old.

I: Right, the 10-year-old, ok tell me about that time, tell me what it was like when he.

R: He, although he was very (2 secs) well I wouldn't even say cheerful. He was quite open (mm), and he seemed to be accepting the fact that he'd to move and he was looking forward to going to new school and getting out to play, which he hadn't done before at the carers before. And but when he came, he expected everything to be the same as it was at his last carers (uh-huh) and of course it's a new family, he's to fit in with new rules, new ideas, and although we tried to keep lots of things the same sort of bedtimes and things like, exactly the same that for him (uh-huh), when he first moved. Er he wasn't really accepting of anybody here he wouldn't, he wouldn't play with the people next door, or he would play with them for five minutes and then fall out with them (mm-hm). Em he believed he would go back to the other carers, he believed that he would make a big story about how bad it was here (uh-huh), and that they were taken back again, although they had stopped being carers and couldn't (mm-hm) and it took months and months to get this over to him 'that this is it, you've got to stay here now and actually try (uh-huh) to get on with the people in the community and the house' (uh-huh). Em it was very very difficult (yes). It's very wearing to have everything you do er 'well that's not how the other carer would have done it'.

stating placement  
1st impression  
meeting needs / a  
different way / a  
fitting in.  
fitting in with  
family  
making choices  
rejecting placement  
child's placement  
child's motivation  
rejecting placement  
rejection  
Need to try  
find it hard  
rejecting placement

R: Is that what he used to say







Project: Thesis july12th User: Administrator Date: 31/07/2006 -  
08:16:54  
NODE CODING REPORT

Node: /analysis 5/expectations/reality/feeling strain~negative  
feelings/feeling guilty

Treenode address: (5 13 8 21 112)  
Created: 25/05/2006 - 15:16:19  
Modified: 01/07/2006 - 16:10:35  
Documents in Set: transcripts  
Document 1 of 12 Interview 2 final  
Passage 1 of 2 Section 1.1, Para 535, 182 chars.

535: we also wanted to do things that Fred wouldn't want to do (yeah), we wanted to sightsee, we went to Venice and y'know we wanted to. And I felt really guilty about it (did you) yes,

-----  
Passage 2 of 2 Section 1.1, Paras 537 to 539, 289 chars.

537: I: Yeah yeah it sounds as if you don't feel that comfortable with that idea  
538:

539: R: No we didn't, we didn't feel that comfortable really, and the only reason, and we did it because, and we, theres, there would be absolutely no way that I would want Fred to go to people he didn't know (yes).

-----  
Document 2 of 12 Interview 3 final  
Passage 1 of 2 Section 0, Para 302, 50 chars.

302: felt really, really bad about doing that (yeah).

-----  
Passage 2 of 2 Section 0, Para 326, 96 chars.

326: R: Er well, guilt felt guilty (uh-huh). Maybe I should have watched them all the time y'know.

-----  
Document 3 of 12 Interview 4d RTF  
Passage 1 of 3 Section 1.1, Para 125, 150 chars.

125: but then after I thought about it I thought, 'I cannae do that to him' (right), y'know I thought nut, I couldnae do it to him and then they're saying

-----  
Passage 2 of 3 Section 1.1, Para 141, 241 chars.

141: and I thought 'oh god I cannae even put him there' (uh-huh) I thought 'hes not gonna like (uh-huh), y'know that'll be a major punishment' (yeah). So he was actually going to be going there for respite so I stopped it, I stopped everything'

-----  
Passage 3 of 3 Section 1.1, Para 314, 244 chars.

314: I mean when I'm having a bad time with him, I really, its like, and then when I think about, when I did think about what the implications would be for him (mm-hm), I thought I couldnae do that to him (right), I couldnae do that to him, y'know.

-----  
Document 4 of 12 Interview 6 corrected rtf  
Passage 1 of 3 Section 1, Para 189, 292 chars.

189: So she is trying to tell us how to run our lives to a certain extent and what we should be doing. I don't mind getting suggestions made, but I do not like to be put in the position that I feel I'm the guilty party that we should be doing more with them, doing this that and the next thing,

guilty nodes

Passage 2 of 3 Section 1, Para 217, 319 chars.

217: Em I just felt no theres something wrong, maybe I was at fault for, y'know so much of it, probably was because there was no communication there em you feel guilty, you feel rotten about things (uh-huh), y'know, you do. You just get to that stage that you feel well, you're not doing what you've been asked to do y'know

---

Passage 3 of 3 Section 1, Paras 219 to 221, 196 chars.

219: I: right and you took it on yourself

220:

221: R: yes I did, I mean, I really did, I felt absolutely rotten, especially when I asked the agency to approach the social works to say (mm-hm) 'right that's it

---

Document 5 of 12                      INTERVIEW 7

Passage 1 of 3 Section 0, Paras 244 to 250, 305 chars.

244: R: personally, I felt as though, we shouldn't be, I shouldn't be fostering, she made me feel that I shouldn't be doing this

245:

246: I: that you shouldn't be fostering full stop, all together.

247:

248: R: yeah that's how I felt, I felt I'd failed

249:

250: H:                      it made you feel inadequate (right), you were bending over backwards.

---

Passage 2 of 3 Section 0, Para 438, 376 chars.

438: (yeah) eh, but I would have hoped that we could at least like                      most of the children enough to be able to do some work with them (mm-mm, yeah) and that's, that, I suppose, it, there is an                      element of feeling that you have failed a wee bit when you cannae take to, because you think this is just a child, why can't I                      no take to this child (yeah) but you just don't always do it

---

Passage 3 of 3 Section 0, Para 474, 162 chars.

474: but there was an instant, there was a pretty instant dislike and I remember thinking, "it's a horrible way to feel about a wee boy", he was only about 8 I think,

---

Document 6 of 12                      Interview 8

Passage 1 of 2 Section 0, Para 170, 674 chars.

170: and it was awful right because one I won't take a looked after child abroad and two its for family you know (yes ahh) em and I thought as we were getting closer, closer I thought no, now we had she was twice away with us last summer you know we go away to a caravan she's had holidays with us, she's had more holidays than my grandchildren you know what I mean so we've got to keep focused on that (yeh) because the grandchildren don't get to come with us when we're away at the caravan I mean they do on occasions but not all of the time (yeh) and we're getting nearer to going abroad and I knew she thought (ahh) she really would be coming and it was so awful it was hard

---

Passage 2 of 2 Section 0, Para 182, 46 chars.

182: R: Yes I mean you do but it's the guilt (ahh)

---

Document 7 of 12                      interview 9

Passage 1 of 1 Section 0, Para 85, 380 chars.

85: Its very difficult because he is a lovely boy and em I hate people to be

guilty nodes

hurt that's just part of me I hate to see people upset (yeh) its part of my nature that I couldn't fall out with you and I couldn't tell you, you know I like things to be all nice (yeh) and life isn't like that (ahh) and that's something I've got to learn and I've got to learn to be able to deal with that.

---

This Node codes no other documents in this set.

Project: Thesis july12th

User: Administrator

Date: 31/07/2006 -

08:36:40

NODE CODING REPORT

Node: /analysis 5/sustaining the relationship/dislike/coping with  
dislike/trying to like

Treenode address: (5 5 7 4 2)

Created: 22/06/2006 - 10:37:15

Modified: 12/07/2006 - 20:29:10

Documents in Set: transcripts

Document 1 of 12 Interview 10

Passage 1 of 2 Section 0, Para 359, 255 chars.

359: R: Well I think I'd have to share it with my link worker eh (yeah) that I was having problems and I think it would have to be really severe though before I would say to them to take them away eh (right), cos I would try and, try and overcome it eh

-----  
Passage 2 of 2 Section 0, Paras 361 to 367, 532 chars.

361: I: Right you'd try and

362:

363: R: Yeah I'd try to

364:

365: I: How would you do that

366:

367: R: I dunno, em well I used to do it in my work eh cos there was a few residents over the years that I wasnae so (mm-hm) particular about but they werenae living in my home eh (yeah) I went and I done my shift and I come home eh, so it might be different with somebody in my house, if you were clashing eh (yeah). And I suppose it depends how old the child is eh, cos if you're clashing with a 15 year old its gonna be different than clashing with an 8 year old

-----  
Document 2 of 12

INTERVIEW 7

Passage 1 of 1 Section 0, Para 438, 376 chars.

438: (yeah) eh, but I would have hoped that we could at least like most of the children enough to be able to do some work with them (mm-mm, yeah) and that's, that, I suppose, it, there is an element of feeling that you have failed a wee bit when you cannae take to, because you think this is just a child, why can't I no take to this child (yeah) but you just don't always do it

-----  
Document 3 of 12

Interview 8

Passage 1 of 1 Section 0, Paras 256 to 258, 566 chars.

256: I: Some people have spoken about when times when they've actually disliked a child and have found it really hard to like them and how they've sorted managed that how that affected the placement or not. Have you got any experience of that?

257:

258: R: I've had one, I've had one wee boy. Absolutely two wee boys 6 and 3 (mhh) and the 6 year old he was absolutely stunning (ahh) he was the most handsome wee guy ever but I just didn't take to him and I couldn't believe it because I thought I'll find something I like about you (ahh) I will I'll find something and I didn't.

-----  
Document 4 of 12

interview 9

Passage 1 of 1 Section 0, Paras 240 to 242, 553 chars.

240: Okay, mm just getting back to the last question yeh if you disliked the child would you be able...



trying to like node

241:

242: R: well I would work with that to find out why I did not like them (yeh) and if there was something I didn't like because sometimes you can start off not even with people (ahh) you can start off not liking them but in actual fact by the time that you get to know them their actually okay (yeh) so I mean I would try and work with it (mhh) and I suppose that the only dislike that he has is he tells lies (ahh) and that's the thing that I can't cope with.

243:

---

This Node codes no other  
documents in this set.

Project: Thesis july12th User: Administrator Date: 31/07/2006 - 08:27:48

NODE CODING REPORT

Node: /analysis 5/investing/carer/investing emotionally/creating distance~having barriers/putting barrier up  
Treenode address: (5 11 1 2 19 11)  
Created: 19/06/2006 - 17:33:44  
Modified: 01/07/2006 - 16:10:23  
Documents in Set: transcripts  
Document 1 of 12 INTERVIEW 7  
Passage 1 of 2 Section 0, Para 594, 286 chars.

594: R: I can't think of anybody, no I think we have always had some, some, apart from the one that I, see I think I put the barrier up there with that wee boy, that C, (mm-mm) (husband coughs) my barrier went straight up and it's never done it before and it certainly hasn't done it since

-----  
Passage 2 of 2 Section 0, Paras 596 to 598, 152 chars.

596: H: even, even if that barrier hadn't been there (R coughs) there was another barrier that work was going no where because

597:

598: R: you worked beside his dad  
-----

Document 2 of 12 Interview 8  
Passage 1 of 2 Section 0, Paras 140 to 142, 245 chars.

140: Okay tell me more about that

141:

142: R: Because I know she wants us to be her permanent carers (yeh) there is a block there maybe a block is a strong word but I do try and and then again see I say that but then they're all they're all treated the same

143:

-----  
Passage 2 of 2 Section 0, Para 146, 62 chars.

146: I don't know. I think I try to maybe just keep that bit away  
-----

Document 3 of 12 interview 9  
Passage 1 of 3 Section 0, Paras 67 to 69, 501 chars.

67: Right okay so you like Ben but it's not the same as your first kids that's what you said, so what's different?

68:

69: R: I suppose because he isn't mine (mhh) and I know that its really a job that I'm doing (right) as well as at any time he could be taken away (right) so therefore I can't afford to get too involved (mhh) and too attached to him (okay) and that's why I've got to kind of keep that distance although I mean I may not be happy with the situation or whatever I just have to be able to accept.

-----  
Passage 2 of 3 Section 0, Paras 175 to 177, 208 chars.

175: Okay so what kind of effect do you think that has

176:

177: R: I think you definitely put up a barrier between you because you can't I suppose be spontaneous to be normal if that's the right (yeh) way to go about it

-----  
Passage 3 of 3 Section 0, Para 199, 268 chars.

199: Okay so it sounds as if kind of barriers are there because of kind of making sure that your both safe I guess (Mhh) And social work and other people

Project: Thesis july12th  
08:26:22  
NODE CODING REPORT

User: Administrator

Date: 31/07/2006 -

Node: /analysis 5/investing/carer/investing emotionally/creating  
distance~having barriers/holding something back  
Treanode address: (5 11 1 2 19 97)  
Created: 28/05/2006 - 14:37:09  
Modified: 12/07/2006 - 20:24:30  
Description:  
includes knowing the child's going back

Documents in Set: transcripts  
Document 1 of 12 Interview 10  
Passage 1 of 7 Section 0, Paras 3 to 11, 869 chars.

3: R: So you do get attached to them but at the end of the day you're still not  
their mum eh (uh-huh) and you've no got they mummy feelings

4:  
5: I: Right the mummy feelings  
6:  
7: R: Well Sam went through major surgery eh and obviously I was concerned about  
him

8:  
9: I: Was that when he was on placement with you  
10:

11: R: Yeah yeah (right) erm but other mothers were there and they were in  
floods of tears and that eh where I could compose myself and and go in help him  
get his anaesthetic and that, come out (mm-hm) er go down the stairs get  
something to eat and that. Where I feel if he was mine I couldn't do that (oh  
right ok). So I care for him (uh-huh) and if anybody was doing anything to him  
I would go nuts at them (uh-huh) and I would stand up for him but I don't think,  
I've not been a mum so I cannae, I cannae say but I dinnae think you have the  
same feelings as a mum would

---

Passage 2 of 7 Section 0, Paras 13 to 15, 979 chars.

13: I: Right ok, do you think that's an intentional thing

14:  
15: R: (3 secs) well I don't think so em (2 secs) maybe it is er I dunno em  
because I worked with elderly as I told you before eh (yeah) and I did try to  
keep my distance from them eh because I got really attached twice eh and I was  
broken hearted when they died eh (yeah) (1 sec) em and I cared for all the  
residents and I mean I wouldn't let again I wouldn't let anything happen to them  
so maybe I have just built up a wee bit of a resistance eh (mm), but I'm no  
aware that I have with Sam em because I mean if he had to go away I would be in  
tears I would think eh (uh-huh) and it would be upsetting for to let him go eh  
em but if I, I've always said if I felt they were going onto something better  
(mm-hm) or somebody (2 secs) something to make their life better eh (right) or  
the right situation for them (mm-hm) I would be ok with that. But if I felt  
they were going back the way (right) that would upset me more I think.

---

Passage 3 of 7 Section 0, Paras 155 to 157, 395 chars.

155: I: Something different about it (yeah yeah) yeah. ok I mean that something  
that's similar, that's very similar to what other foster carers have said as  
well (mm), theres just, its not, its just not the same

156:  
157: R: No its no, hes no yours (uh-huh) erm, but is it something that I've put  
in place because I know they're no mine (uh-huh), but if I have done that, I've  
no done that (1 sec) meaning to

---

Passage 4 of 7 Section 0, Paras 159 to 161, 368 chars.

159: I: Yeah its not been a conscious thing  
160:

holding back nodes

161: R: Yeah its no been a conscious decision (uh-huh) em (3 sec) and I suppose at the beginning, well I didnae know what was going to happen with Sam either eh (mm-hm), I mean Sam could of went home, he could of went up for adoption (mm-hm) erm so I had to prepare myself, if that was the case, what was gonna happen eh (mm-hm) erm

---

Passage 5 of 7 Section 0, Paras 163 to 165, 513 chars.

163: I: How did you do that, how did you prepare yourself

164:

165: R: I suppose by trying to keep back just that wee wee bit eh (yeah) erm and I mean its no settled that I'm getting Sam permanent, but well when you hear how fostering is and that, I don't think because theres no reason for me no to get Sam (mm-hm), I don't think they would go against that eh and Sam's settled here eh er so I don't think they would go against that (ok). But until its sorta written in stone eh (1 sec) eh I'm gonna keep an eh open mind til

166:

---

Passage 6 of 7 Section 0, Paras 325 to 339, 597 chars.

325: I: mm-hm yeah do you think its important to (click) yeah

326:

327: R: I would think so, to (1 sec) to give them their, your best eh I suppose

328:

329: I: Right how does that work

330:

331: R: well I suppose you, I would think you would hold back even more eh if there was a clash of personality eh

332:

333: I: Right and that wouldn't be good do you think

334:

335: R: No I wouldn't think that would be good for the child

336:

337: I: Right why not, why would it not

338:

339: R: (2 secs) well I think the child would sense it eh (right) well you sense, you sense that somebodys no very particular about you wouldn't you

---

Passage 7 of 7 Section 0, Paras 341 to 347, 162 chars.

I: Right and that wouldn't be good for the child

346:

347: R: No I wouldnae think so

348:

---

Document 2 of 12 Interview 4d RTF  
Passage 1 of 8 Section 1.1, Para 181, 145 chars.

181: But although you have a closeness, there must be something else you're keeping back (yeah) or else you wouldn't, you wouldn't be able to do it.

---

Passage 2 of 8 Section 1.1, Paras 202 to 210, 323 chars.

202: R: Mm-hm y'know (yeah) so its still not (2 secs), theres still just that something that wouldn't be there, that's not (right) the same as your family

203:

204: I: Is that a conscious thing, is that something

205:

206: R: No I don't think its conscious

207:

208: I: That you set out

209:

210: R: No no, well not consciously (no). Not consciously (yeah)

---

Passage 3 of 8 Section 1.1, Para 214, 503 chars.



holding back nodes

214: Right and you're just (2 secs), they're living with you, hes living with you, hes going back, so hes not family (right), right. You're only bringing him into your family environment, and you're just having fun with them, you're doing, you're learning them to do this or to do that (mm-hm), but they're not family (right), because they're gonna go back (uh-huh). So to me a part of, you're not looking on them as family (right ok), y'know I think that must just be something you (2 secs), that you do,

-----  
Passage 4 of 8 Section 1.1, Para 214, 38 chars.

214: You cant be looking on them as that.

-----  
Passage 5 of 8 Section 1.1, Para 214, 195 chars.

214: (laughs) y'know but its not (right), it's a different, its no hard I don't think (uh-huh). I think its, there must be a level that you have, of attachment, that's, that's not there, do you thin[7]k

-----  
[7] Internal DB: having levels of attchments and relationships  
Passage 6 of 8 Section 1.1, Paras 216 to 218, 617 chars.

216: I: Right so you keep something back

217:

218: R: Must be. I think you must be. You must be because you couldnae do it (mm-hm), you would have to be really hard if, if it was your own (uh-huh). Because you would be losing it, it would be like a bereavement thing (uh-huh) (1 sec) if, if you were giving everything I think (mm-hm). So I think you can't be. I think subconsciously you must be keeping a bit back (mm-hm) although you're, you're treating them like your family, you're bringing them up like your family (2 secs) and (1 sec) there just must be that something (yeah) that one day, they're gonna go.

-----  
Passage 7 of 8 Section 1.1, Para 218, 407 chars.

218: So if I had adopted them (mm-hm) and 2 ½ and 11 months (2 sec) then I would of, would of felt no different, I couldn't of felt any different could I, except it would of, wouldn't of been a job, so how would that of worked. Oh well, it would've felt different maybe then, because the wouldn't be going back (uh-huh) or there wouldn't be the possibility they'd go back, yeah so that would be different maybe

219:

-----  
Passage 8 of 8 Section 1.1, Para 222, 243 chars.

222: R: They're not going back now (no), theyre not going back now (yeah) nut. (2 secs) so once they were permanent, I suppose (1 sec) you would, could be giving everything I suppose (mm) but then I can't give it to Alan (yes) for whatever reason

-----  
Document 3 of 12 Interview 5corrected rtf  
Passage 1 of 3 Section 1, Para 113, 124 chars.

113: Em I felt that I wasn't giving enough of myself, to Chris (uh-huh) you know and I think maybe that was more what he wanted,

-----  
Passage 2 of 3 Section 1, Para 121, 326 chars.

121: I think em (2 secs) maybe because he wasn't a very demonstrative boy (mm-hm). Em I think it made me sort of draw back from him (right). I think I was more frightened, I don't know if frighteneds the right word em I didn't really want to show affection, to Chris, because I knew it wasn't going to be given back (right),

-----  
Passage 3 of 3 Section 1, Paras 127 to 129, 338 chars.

127: I: I mean, it sound like you kept a bit of yourself back from Chris but does that mean that with other kids then you've been able to give all.

holding back nodes

128:

129: R: Yeah yeah I have never, I've never had the same, I don't know if it's a problem or what, but any children that we've had since Chris (mm-hm) em I've always, I've felt differently (right ).

---

Document 4 of 12 Interview 6 corrected rtf  
Passage 1 of 2 Section 1, Paras 151 to 153, 541 chars.

151: I: Yeah, okay, yeah, again this is something that other people have spoken about, whenever they have a relationship with their foster kids and this is true for some people and not for others, but they talk about kind of holding a piece of themselves back, does that make sense to you

152:

153: R: Yes (yeah) I think you have to, with the first two, no I don't think we did because we tried to integrate them more into the family, because we knew they were going to be part of the family, being long-term, being younger when they came, we says right

---

Passage 2 of 2 Section 1, Paras 155 to 157, 405 chars.

155: : right and so knowing that changed,

156:

157: R: Well, the younger one he came when he was seven so he didn't know his parents he had no contact (right) so we were meant to be basically, his family. We were the new family for him, and that's how we wanted it to be, no holds barred he was part of the family[13] everything worked round about him (mm-hm) and he fitted in well, y'know, everything was done with him.

---

[13] Internal DB: not keeping anything back

Document 5 of 12 Interview 8  
Passage 1 of 3 Section 0, Para 114, 412 chars.

114: you know what is the point of doing all this (mhh) mm but you just have to keep on trying there's a bit that I think is well I'm not going to be part of this family I'm protecting myself (?????) I don't know cause I'm not (?????) I don't know but is that what is going through that wee girls head (mhh) I so much want to be part of this family but I'm protecting myself because I'm going to be getting taken away.

---

Passage 2 of 3 Section 0, Paras 136 to 142, 567 chars.

136: Other people I've spoken to when they're kind of forming a relationship with the foster kids they tend to keep a bit of themselves back, do you know what I mean by that (ahh) yeh, is that true in your case?

137:

138: R: I do keep a bit back, not for protecting myself (mhh) its more I'm frightened to especially Julie too much

139:

140: I: Okay tell me more about that

141:

142: R: Because I know she wants us to be her permanent carers (yeh) there is a block there maybe a block is a strong word but I do try and and then again see I say that but then they're all they're all treated the same

143:

---

Passage 3 of 3 Section 0, Paras 144 to 146, 182 chars.

144: All the foster kids or all the kids?

145:

146: R: I'm talking about family (yeh) you know I'm trying to (ahh) to differentiate.... I don't know. I think I try to maybe just keep that bit away

---

Document 6 of 12 interview 9  
Passage 1 of 1 Section 0, Paras 95 to 97, 388 chars.

holding back nodes

95: So you behave the same, so whats changed since you decided to treat it as a job?

96:

97: R: Just because I have to realize that he will be going back or he could go back to his mum (mhh) and I think that's part of it that he's not mine and no matter how long I have him he'll never ever will be mine (okay) and I can only do the best I can and if I can do my job as best I can to look after him

---

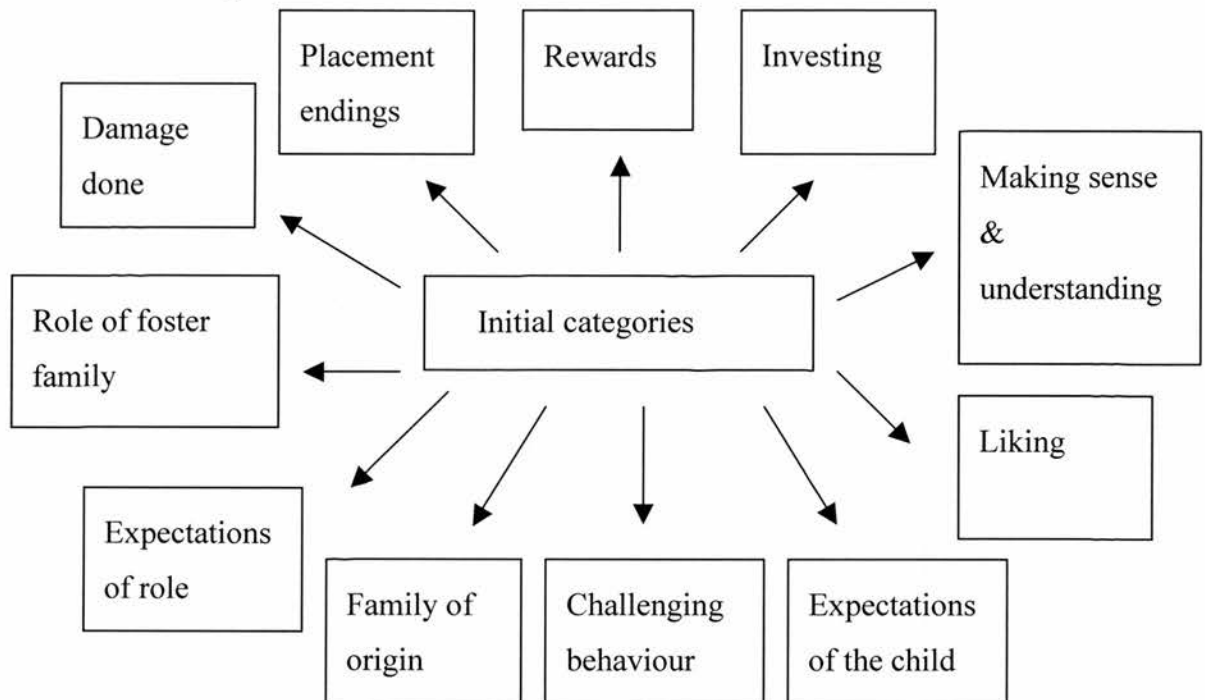
This Node codes no other documents in this set.

## Appendix 6

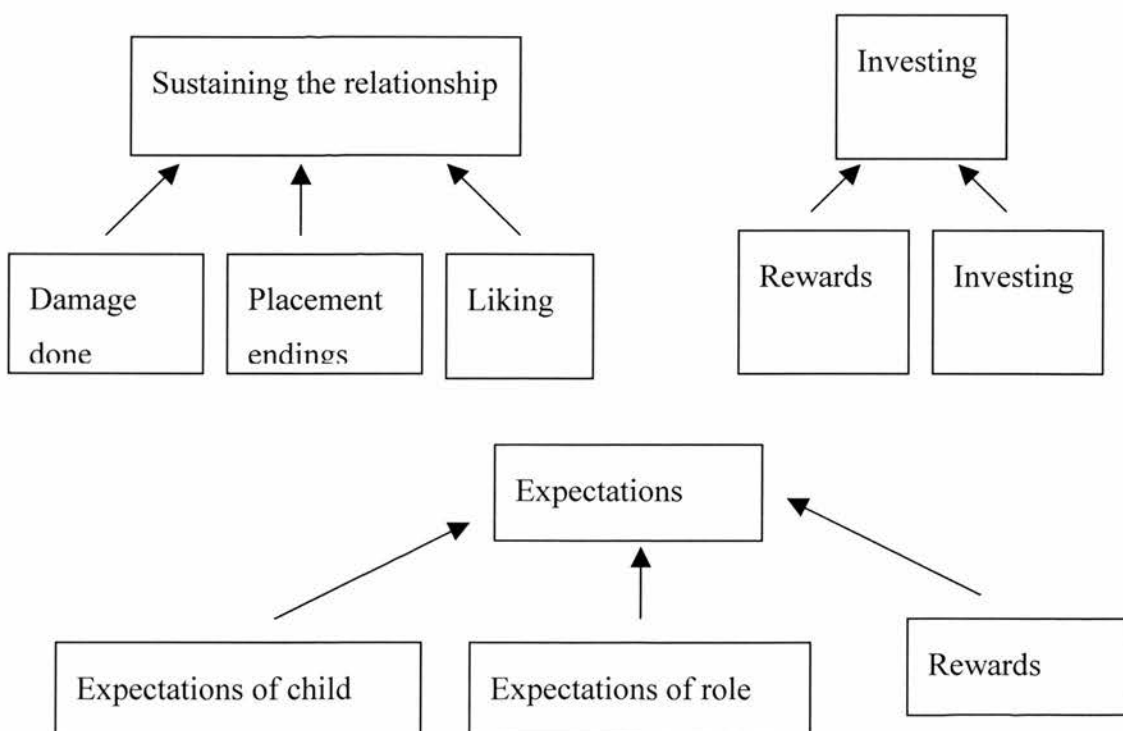


## Category development

### Initial Categories



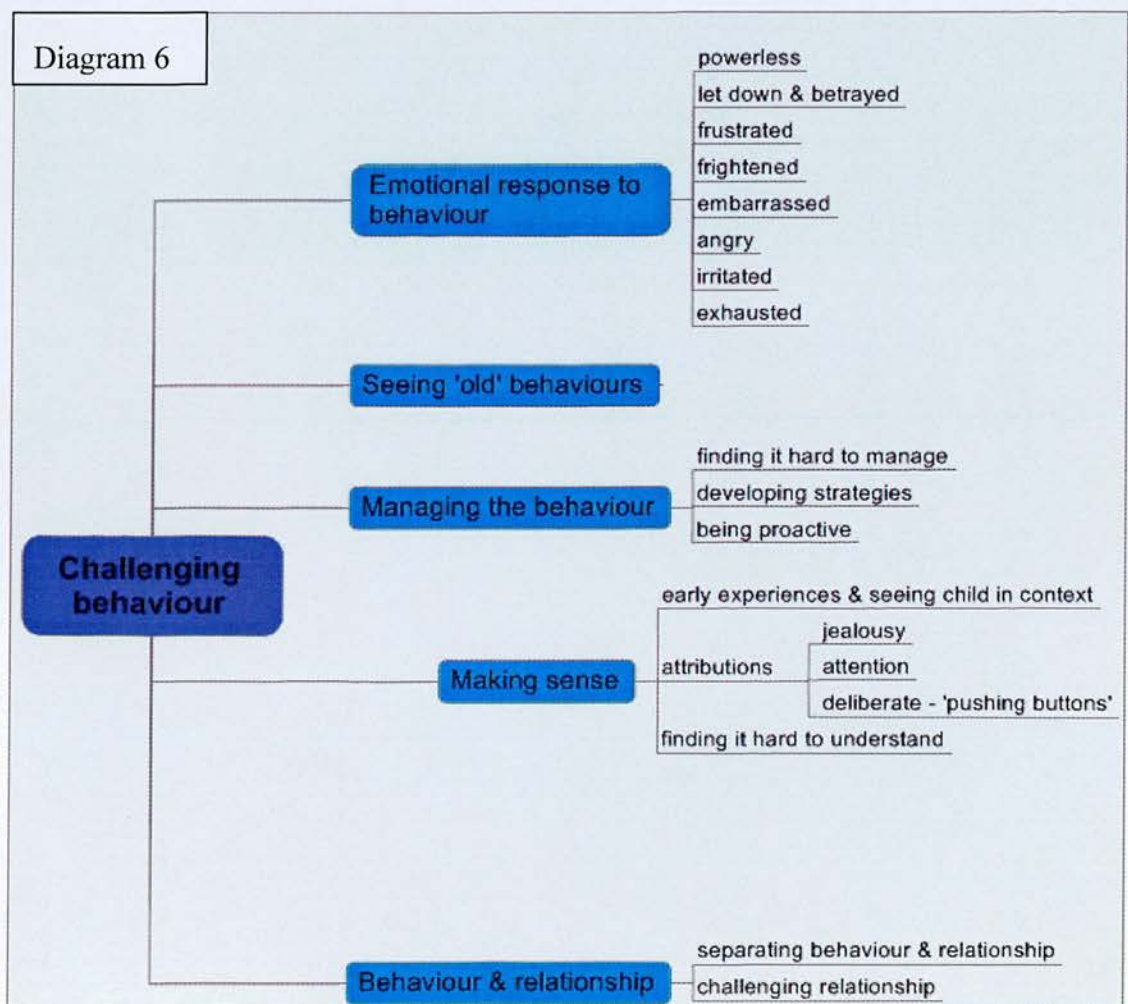
### Development of final categories



## Appendix 7

## Challenging behaviour (diagram 6)

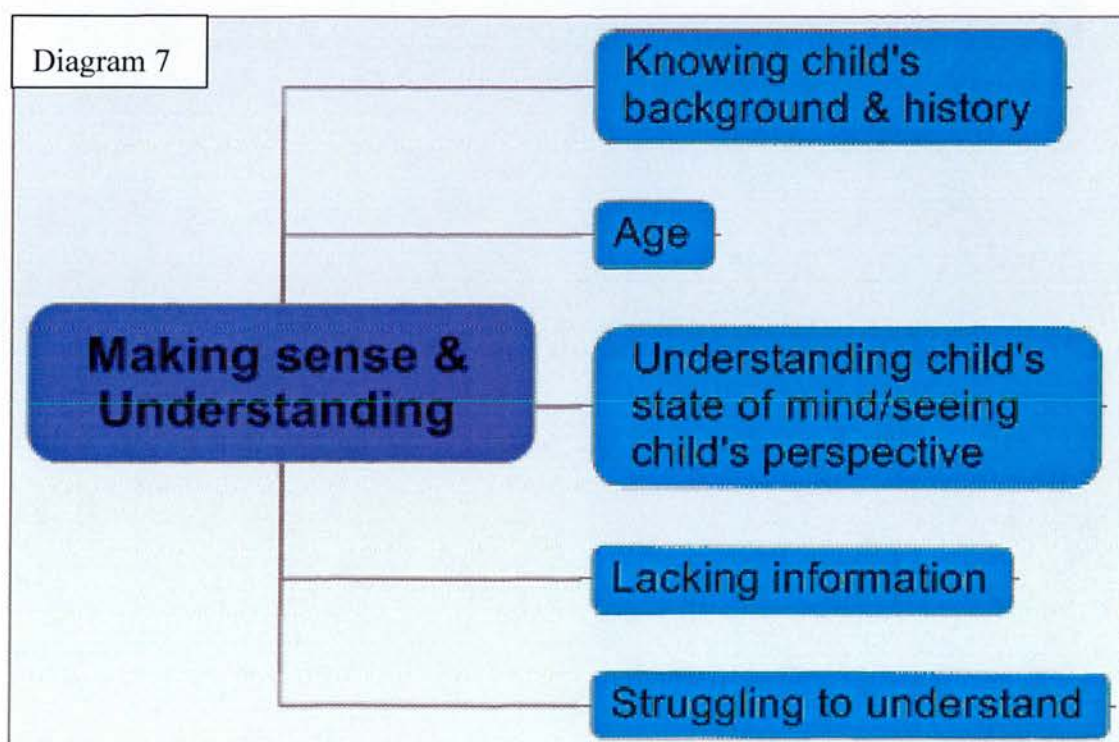
The large volume of examples of challenging behaviour, descriptions of experiences of trying to manage the behaviour, the meaning ascribed to the behaviour, and the way it conflicted with participants' hopes and expectations, gives an indication of the challenges faced by participants in this area. Given the difficulties experienced by participants in relation to challenging behaviour, it could be expected that this would present a source of strain for the relationship. However it seems that for this group of participants, having to face difficult behaviour does not necessarily impact upon their perceptions of their relationship with the child. Instead it would seem that there are features of the relationship between the foster carer and child that override these experiences.





## **Making sense and understanding (diagram 7)**

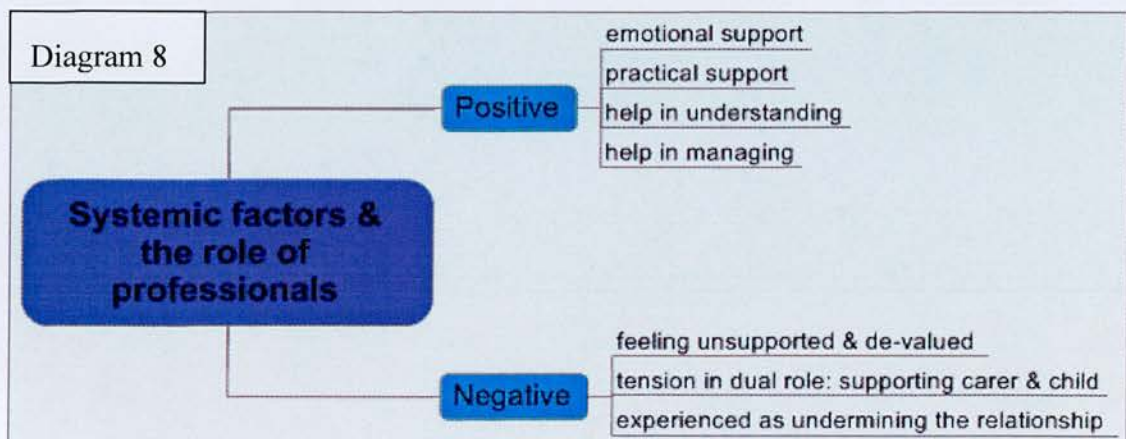
This category relates to the way in which participants understood and made sense of some of the more challenging aspects of their role. Participants appeared to regard it as important that they be able to make sense of and understand a child's behaviour and presentation. Having an understanding of the child's early experiences seemed to enable participants to explain the child's difficulties and to place them within the context of the child's history. It may be that this is important in sustaining the relationship with the child, as it provides an alternative to 'blaming' the child or attributing difficult behaviour to the child or themselves, both of which could have implications for the continuation of the placement and the relationship. The age of the child was also referred to as an explanation for difficulties participants were experiencing with the child. Participants described attempting to think about the child's state of mind and identifying what they perceive to be the impact of the child's experiences. This involved thinking about the child's internal processes and emotions, including the impact of being looked after, transition between placements and conflicts the child may be experiencing. Participants seemed to draw upon this in the context of difficult behaviour and it may be that this helps carers to accept and manage child's behaviour. For some participants, struggling to understand seemed to be associated with experiencing negative feelings towards the child.





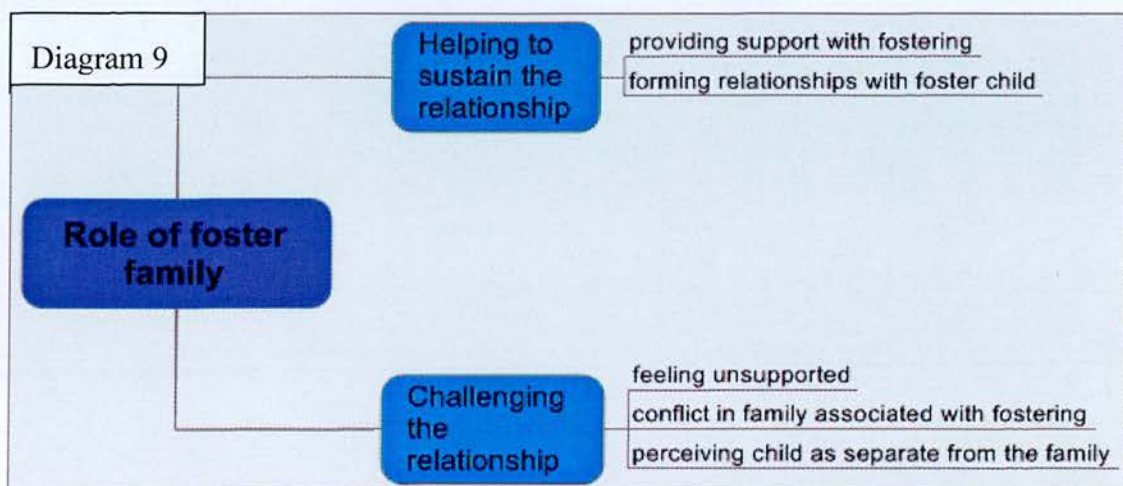
## Systemic factors and the role of other professionals (diagram 8)

This category was constructed from participants' accounts of the impact of systemic factors on their relationship with the foster child. These included contact with social workers, health professionals and schools and encompassed both positive and negative experiences. Systemic factors are suggested to influence the relationship between foster carer and child in three ways. Firstly, through either contributing to or relieving the strain experienced by foster carers, secondly through affecting the type of relationship the foster carer would expect to have with the child and thirdly through influencing the way in which the carer relates to the child and the perception the individual has of their role as foster carer.



## Role of foster carer's family (diagram 9)

All participants described their relationship with the child within the context of family relationships. The participant's ability to make sense of and understand the child's behaviour within the family seemed to affect the way the foster carer perceived and related to the child. When things are difficult between foster carers family and the child, this not only places the foster carer under strain, depleting their resources for coping with the child, but also has the potential to remove an important source of support for the foster carer, something which was identified by some participants as important in sustaining the relationship and the placement.



## Appendix 8

## Comparison of themes

The table below contains a summary comparison of the results of this study and research carried out by Sinclair and colleagues and Schofield and colleagues.

√ indicates that the theme is present within the study.

Study	Current study	Sinclair et al 2004, 2005	Beek & Schofield 2004 Schofield et al 2000
<b>Area of investigation</b>	Relationship between foster carer and child	Placement success – including the relationship between carer and child.	Parenting associated with placement success. Application of attachment theory to long-term foster care.
<b>Participants</b>	Foster carers	Foster carers, social workers, foster children	Foster carers, foster children social workers
<b>Methods</b>	Interviews Grounded theory	Questionnaire data & case study data (mixed quantitative & qualitative methods)	Structured interviews
<b>Categories</b>			
	Sustaining the relationship 'chemistry'	√	
	Family of origin	√	√
	Challenging behaviour	√	√
	Making sense and understanding	√	√
	Systemic factors	√	√
	Foster carer's family	√	√
	Expectations	√	√
	Investment	√	√